

# Motor Insurance Proposal Form

COMPLETE IN INK IN BLOCK CAPITALS.

**Non Disclosure Warning** - Please note that it is your duty to disclose all facts likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy. Please mention such facts or if in doubt refer to the Company (Atlas Insurance PCC Limited).

A photocopy of this proposal form will be given to you and it is recommended that you retain this with your policy documentation for further reference.

## About You

1. Name in full  D.O.B

2. ID Card No / Passport No  Place of Issue  Sex M  F

3. Postal address (including Post Code)

4. Tel Numbers Residence  Work  Mobile No/s

5. Occupation  Email

6. Do you, your spouse or members of your immediate family have any policies with Atlas?  Yes  No

7. Have you been previously insured in respect of any vehicle or are you entitled to No Claim Discount from previous insurer?  Yes  No

If **YES** please give details: (a) Policy Number

(b) Name of previous insurer  (c) Registration Mark

(d) No. of years without claims/NCD percentage  (e) Date of expiry/cancellation

8. Is the vehicle owned or registered in the name of a person other than yourself?  Yes  No

If **YES** please state name of registered owner

## About Drivers

The vehicle is to be driven by (tick on appropriate box):

### Private Cars

You and any authorised person aged 25 years and over

You (the insured only)

You and either your spouse OR the Named Person specified below aged 25 years and over

You and either your spouse OR the Named Person specified below aged 30 years and over

You, any other Named Person specified below aged between 21 and 24 and any authorised person aged 25 years and over

You, any other Named Person specified below aged between 18 and 24 and any authorised person aged 25 years and over

Other - please give details

### Commercial Vehicles

You and any authorised person aged 25 years and over

You and any authorised person aged 21 years and over

You and any Named Person specified below aged 21 to 24 years and any authorised person aged 25 years or over - applicable to vehicles having gross vehicle weight of 20 Tons and over

You and any authorised person aged 18 years and over

You and any Named Person specified below aged between 18 and 24 and any authorised person aged 25 years and over - applicable to vehicles having a gross vehicle weight of 20 Tons and over

Other - please give details

## Motor Cycles

You OR the Named Person specified below aged 30 years or over

You OR the Named Person specified below aged 25 years or over

You OR the Named Person specified below aged 21 years or over

You OR the Named Person specified below aged 18 years or over

You and either your spouse OR any one Named Person specified below aged 30 years and over

You and either your spouse OR any one Named Person specified below aged 25 to 29 years

Other - please give details

## Details of Main Drivers/Named Drivers referred to above:

Full Name (delete self and/or spouse if not applicable)	Date of Birth	ID Card No	Occupation	No of Years Driving Experience	Driving Licence Group
You (as above)	(as above)	(as above)	(as above)		
Spouse:					

Please indicate which of the above drivers will be main user of the motor vehicle. Name

## The questions below relate to you and any of the additional drivers specified

a. If your vehicle is a **Private Car**:  
If you have specified a main user other than yourself, would you like such person to be the specific substitute who will benefit from the personal accident benefit granted when cover is Comprehensive?  Yes  No

b. Do you or any of the above drivers suffer from diabetes, epilepsy, heart condition or any other disease or infirmity (including uncorrected defective vision, a hearing impairment or mental defect) which could affect you/their ability to drive?  Yes  No

c. Have you or any of the above drivers:

i. been prosecuted or convicted of any offence or is any prosecution pending?  Yes  No

ii. had any type of insurance refused or had any type of policy cancelled?  Yes  No

iii. had any special conditions imposed by any insurer?  Yes  No

iv. had any loss, accident or claim during the last 5 years in connection with any motor vehicle?  Yes  No

If you have answered **YES** to any of questions (b) and/or (c), please complete below:

Name of driver	Age	Details (including previous insurers, claim amounts, reasons etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## About Your Motor Vehicle

1. Please indicate type of vehicle  Private Car  Commercial Vehicle  Motor Cycle Other

### 2. Motor Vehicle Details

Reg No	Make	Full Model	Type of Body
Seating Capacity	Engine No	Chassis No	
Colour	c.c. / HP	BHP / Kw	CO2 (g/Km)
Tonnage	Vehicle Category	System No	Sunroof material (if cabrio)
Date of Purchase	Purchase Price €	Value for signwriting/wrapping (if applicable)	Your estimate of the market value (*) €
Year of Manufacture			

New <input type="checkbox"/>	Second Hand <input type="checkbox"/>	Fuel <input type="checkbox"/>
Purchased from Malta <input type="checkbox"/>	Maltese Second hand <input type="checkbox"/>	Petrol <input type="checkbox"/>
Owner imported <input type="checkbox"/>	EU imported <input type="checkbox"/>	Diesel <input type="checkbox"/>
Other <input type="text"/>	Other <input type="text"/>	Other <input type="text"/>

\* Including accessories, spare parts and registration tax if the vehicle is tax free. This value is the maximum value payable under the policy (together with any additional value for signwriting/wrapping if specified). If the market value at the time of the loss is lower than this amount then such market value will be payable unless you can prove a higher value.

3. a. Is the vehicle in a good state of repair?  Yes  No

b. Has the vehicle been modified or converted from the maker's standard specification and/or does it have any "extras"?  Yes  No  
If YES give details

4. If the vehicle is the subject of a Hire Purchase Agreement, state name and address of finance company

5. If the motor vehicle was purchase second hand, state from whom the vehicle was bought

6. If your vehicle is a motorcycle, is your motorcycle fitted with a factory-fitted ignition system?  Yes  No  
If NO give details

7. Is the vehicle partially or fully exempt from Registration?  Yes  No  
If YES, please specify which and the reason for such exemption:

(a) Special Needs Full Exemption <input type="checkbox"/>	Reason: <input type="text"/>
(b) Special Needs Partial Exemption <input type="checkbox"/>	Reason: <input type="text"/>
(c) Others - Full Exemption <input type="checkbox"/>	Reason: <input type="text"/>

### Use of Your Motor vehicle

1. Will the vehicle be used solely for domestic and pleasure purposes and/or for your business, that of your spouse or that of your or your spouse's employer?  Yes  No

2. Will the vehicle be used in your business for carriage of goods?  Yes  No  
If YES

(i) Will the vehicle be used solely to carry your own goods?  Yes  No  
If NO please give details

(ii) What type of goods are carried?

(iii) Will the vehicle or any attached trailer be used for the carriage of explosives, chemicals or gases in liquid or compressed or gaseous form, bulk transportation of liquid petroleum or gasoline?  Yes  No

3. Will passengers be carried for hire or reward?  Yes  No

4. Will the vehicle be let out on hire?  Yes  No

5. Will the vehicle be used outside the Maltese Islands for a period longer than 30 days in any one year?  Yes  No

6. State other uses of vehicles not included in the above

### Insurance Cover Requirements

Comprehensive  Third Party Fire & Theft  Third Party Only

Please state the period of insurance required:

from \* at  to

\* This insurance only comes into effect when the proposal is accepted by the Company and the premium paid. You must inform us of any alteration in the risk in the meantime.

### Policy Excess

- Optional increased excess on own damage for Comprehensive Cover  
 Excess increased to €100  Excess increased to €200  Other: please specify
- Removal of Standard €50 Excess

### Optional Extensions at an Additional Premium

#### Hiring of Alternative Vehicle - Applicable to Comprehensive Cover

**Private Car** (A €100 Free Courtesy Car is a free benefit with maximum No Claim Discount)

Optional Higher Limits  €250  €350  €475

#### Commercial Vehicle

Optional Higher Limits  €350  €475  €600

### Protected No Claim Discount - Applicable only to Private Car Comprehensive Policies

Maximum No Claim Discount is automatically protected

Extension at an additional premium available for 4th and 5th year No Claim Discounts

### Increase in Cover - Applicable to Commercial Comprehensive Policies

Cover for convulsion of nature (flood, typhoon, earthquake etc)

Cover for strikes, riots and civil commotion

### Trailer Extension - Applicable to Commercial Policies

Third Party Liability Cover Length of trailer

Comprehensive Cover (the following additional information is required)

Make  Value

### Declaration

IMPORTANT – DO NOT SIGN THIS DECLARATION BEFORE YOU HAVE READ AND UNDERSTOOD IT. If this form is being completed by someone else on your behalf please ensure that the details submitted accurately reflect what you have said.

By making a request for Insurance with Atlas Insurance PCC Limited (hereinafter "Atlas"), You and any other person/s whom You propose to insure (hereinafter Others) accept the terms of this Statement. You hereby warrant that you have shown this Declaration and the leaflet 'Information for Policyholders' which you have been given to 'Others' and have obtained their necessary explicit verbal consent.

You confirm that you have read or have had read to You the contents of the completed proposal form and agree that the above statements are, to the best of your knowledge, and belief correct and complete and will form the basis of the contract between You and Atlas. You are satisfied with the way this proposal has been completed and confirm that if this form has been completed by an employee, agent or tied insurance intermediary of Atlas on your behalf, such person, for that purpose, shall be regarded as your agent and not the agent of Atlas. You agree to read the policy and be bound by the conditions of the said policy.

Atlas Insurance PCC Limited (hereinafter "Atlas") is the controller of personal data held about you or relating to you and/or to any other person/s whom you have insured with Atlas (hereinafter "Others"), and this in terms of the Data Protection Act (hereinafter the "Act").

By completing the proposal form and purchasing and/or renewing this policy with the Atlas, you and Others (in respect of whom you warrant to have shown this statement and obtained their necessary explicit verbal consent) accept the terms of this statement and hereby consent to:

- the processing of any information by Atlas and/or by any other subsidiary companies of Atlas Holdings Limited (hereinafter the "Group") which constitutes personal data in terms of the Act, insofar as such processing relates (but not limited) to underwriting and administration of the insurance proposal and policy, handling and settling of claims, detecting and prevention of fraud and the keeping of statistics;
- the disclosure by the Group, of personal data held by them to other insurers or to persons acting on their behalf and/or instructions, including (but not limited to) the Malta Insurance Association, insurance intermediaries, the Malta Association of Credit Management (MACM), the Malta Insurance Fraud Platform and other appointed experts, together with the Commissioner of Police and any public or private hospital or clinic, other healthcare provider of any kind or any person, body or authority authorised by law to receive personal data;
- the above-mentioned third parties, and other third parties legally entitled to communicate such data, disclosing relevant personal data to the Group and processing such data as described in paragraph (a) above;
- the Group keeping you and Others informed of their products and services by any means. You understand and have explained to Others that you or Others may inform Atlas in writing if you or Others do not wish to receive this information;
- the recording of telephone calls for training, security and quality control purposes.

You also confirm that you understand (and have explained to Others) that you have the right to submit a written and signed request for access to or rectification of data held by the Group and that you and Others know the full details of our Data Protection Policy may be found on: [http://www.atlas.com.mt/Legal/Data\\_Protection.aspx](http://www.atlas.com.mt/Legal/Data_Protection.aspx) and updated from time to time.

Signature of applicant \_\_\_\_\_ Date

Name in block letters \_\_\_\_\_