

motor cycle proposal form

Summary of cover

To make it easy for you to select the cover that suits you, we have provided a quick comparison chart allowing you to see exactly how our three levels of cover compare.

SUMMARY OF COVER	COMPREHENSIVE	THIRD PARTY FIRE & THEFT	THIRD PARTY ONLY
Legal liability to other people, including passengers, following an accident involving the motor vehicle.	✓	✓	✓
Legal expenses (with our consent) for your defence in a civil case in connection with a traffic accident involving the vehicle.	✓	✓	✓
Damage to the vehicle caused by fire or theft.	✓	✓	
Accidental/ Malicious damage to the vehicle.	✓		

This is only a very brief description of the benefits available. It is the policy, a legal document, which defines the insurance in precise terms. If you wish to see a specimen policy, please ask us, our agent or your insurance broker.

Motor Cycle Proposal Form

Important note: Please complete in BLOCK LETTERS, and give a definite answer to each question.

Your personal details

1 Title (*Mr/Mrs/Miss/Ms/other title*)

Name and Surname

Postal address in full

Postcode

Identity Card or Passport No.

If passport please state date and place of issue

Age Date of Birth Male/female Marital Status
(*eg married, single, etc*)

Home phone number Daytime phone number

Mobile Number

E-mail address

Company Name (*if applicable*)

Company Registration Number (*if applicable*)

Client categories description
 employed household duties in full or part-time education
 retired self employed independent means
 unemployed voluntary work not employed due to disability

Main occupation (*describe*)

Employer's or own business (*describe*)

Part-time occupation (*if applicable*)

Date driving licence obtained

Vehicle details

If you wish to cover more than one vehicle under your policy please complete a separate proposal form for each vehicle.

2 Is the vehicle an import not normally sold in this country, ie a grey import? (*Cover may be limited to Third Party Only in certain cases. Refer to us or your insurance adviser for details.*) YES NO

3 Is the vehicle normally kept at the shown address? YES NO
If 'no' please state address

4 Where is the vehicle normally kept overnight?
 garage road your driveway
 private land carport compound

5a Does the vehicle have a foreign registration number? YES NO

5b Registration number If unknown, state reasons why (*eg brand new vehicle*)

6 Year of Manufacture **7** Make (*eg Yamaha*) **8** Model (*eg Majesty 400*)

9 Type of Body (*eg motor scooter*) **10** Weight **11** Colour

12 Engine size cc **13** Engine BHP

14 Vehicle fuel type
 leaded unleaded diesel

15 Is the vehicle equipped with a turbo charger? YES NO

16 Chassis Number

17 Engine Number **18** Number of seats(*including driver*)

19 Is your vehicle in a good state of repair and will it be so maintained? YES NO

20a Is it permanently fitted with a sidecar? YES NO

20b Is it a three wheeler? YES NO

21 Does it have a kick-start? YES NO

22 Estimated value

IMPORTANT NOTE: Your estimate should include accessories, spare parts and duty. We recommend that you revise this value regularly since the amount payable in the event of a total loss will be the market value at the time of the loss.

23 Date of purchase **24** Price paid

25 Does the vehicle have factory fitted in-car entertainment equipment or other audio-equipment? YES NO

26a Are you the owner of the above vehicle and is it registered in your name? YES NO
If 'no' give reasons for it being insured in your name and state the name of the owner(s)

26b Is the vehicle the subject of Hire and Purchase Agreement? YES NO
If you have replied 'yes' please give name and address of Finance Company

27 Have any changes been made to maker's specifications (*such as change of engine*) other than being adapted solely to cater for any physical disability? If 'yes' give details below

28a Has a security device been fitted to the vehicle? If 'yes' please attach a copy of the Vehicle Security Installation fitting certificate YES NO

28b Does the bike have ABS or Traction Control fitted YES NO

Use

A Motor Cycle is used solely for social, domestic and pleasure purposes and for your business, that of your spouse or that of your employers or your spouse's employers. The policy shall not cover use for hire or reward.

- 29 Will the vehicle be used for:
- a. professional driving tuition? YES NO
- b. carriage of goods for hire or reward? YES NO
- c. motor trade purposes? YES NO
- d. will passengers be carried for hire or reward? YES NO
- e. will the vehicle be let out on hire? YES NO
- f. is vehicle used in any airside restricted area? YES NO
- g. is the vehicle used for racing, pacemaking, reliability trial, speed testing or off-roading? YES NO
- h. is the vehicle used outside Malta for periods exceeding 30 days in anyone year? YES NO
- i. is the vehicle used on more than 3 trips outside Malta in anyone year? YES NO
- j. please state other uses not mentioned above (if any)

Cover may not be available for the above purposes under this policy

Cover

31 Tick as required

Third Party Only

Third Party Fire & Theft

Comprehensive

32 **Voluntary Excess** - Not applicable

33 The following benefit is available at an additional premium. Please tick if you require cover.

Increased Third Party "Loss of Use" limit from €1,000 to €1,500

Motor Vehicle Driver(s)

30 The motor vehicle will be driven by: (Tick where applicable)

1. Yourself only
2. Yourself and your spouse

Please state Spouse's/Partner's name

Spouse's/Partner's ID number

Spouse's/Partner's Date of Birth

3. Not applicable
4. Not applicable
5. Not applicable
6. Not applicable
7. Named Driver(s)

Details of who will drive.

Give details of ALL persons who to your knowledge will drive, including yourself.

Note: Show in Extent of Use column 'M' for main driver, 'R' for regular driver, 'O' for occasional driver.

Name of Driver	Extent of use (see note)	Date of Birth	Identity Card or Passport Number	Occupation	Extent of recent driving experience	Details of all accidents or losses during the past 5 years
You the proposer						

No claims discount (NCD)

Applicable to comprehensive policies only

Insurance Details

34 Do you currently have Motor insurance? YES NO

35 Have you held motor insurance in the last 2 years in your own name? YES NO

If you have answered 'YES' to any of the above please state name of present and/or previous insurer, vehicle's registration mark and number of years with each.

36 Are you entitled to any No Claims Discount? YES NO

37 If 'YES', would you like to transfer it to this policy? YES NO

If 'YES' please provide copy of last renewal notice you received or policy schedule and state:

Name of previous insurer

Policy Number

Vehicle Registration Mark

Number of years free of claims

Expiry or Cancellation date of Policy

NCD % on last renewal

NCD % on Renewal Notice

How many cars are owned or used by you and members of your household, including company cars?

Please complete the following information for ALL drivers including yourself (whether you are a driver or not)

38 Driving Record

To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive:

a) obtained a valid driving licence? YES NO

b) less than two years driving experience? YES NO

39 Medical Conditions

Do you or any of the drivers have (or have a history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, heart complaint or fits of any kind? Please give full details. If none state none.

Has the condition(s) mentioned above been advised to the ADT and have they agreed to the issue of a licence? YES NO

If 'no' please state name of driver and give reasons below.

If the ADT has restricted your licence to a suitably modified vehicle, have the appropriate modifications been carried out? YES NO

40 Loss History

YES NO

Have you or any of the drivers had an accident or suffered damage, fire or theft losses involving a motor vehicle in the past five years?

If 'YES' please give full details below. (Space has been provided for two losses. If there have been more incidents please continue on another sheet of paper)

Name of Driver

Date of incident (day/month/year)

Type of incident (e.g. head-on collision/theft)

Amount of claim

Was the driver judged to be at fault? YES ¹ NO YES ² NO

UNCLEAR

UNCLEAR

Note: All incidents should be disclosed whether or not a claim was submitted to the insurer concerned.

41 Convictions

YES NO

Have you or any of the drivers incurred any driving convictions, or penalties in the past five years? (You should also disclose any pending prosecution or police enquiry)

If 'yes' please give full details below.

Have you or any of the drivers ever had their licence suspended, revoked or had any restrictions imposed or are presently disqualified from driving? YES NO

If 'yes' state which driver and the reason

42 Non-motoring offences

YES NO

Have you or any of the drivers been convicted during the past five years of any criminal offence? (You should also disclose any pending prosecution or police enquiry)

If 'yes' please give full details below

Name of driver

Details of offence

Date of conviction (month/year)

Have you or any of the drivers ever had a previous policy cancelled, declined or refused renewal? YES NO

If 'yes' please state name and give full reason below

Been asked to pay an increased premium (other than normal rating increases)?

If 'yes' please state name and give full reason below YES NO

43 Other policies

Do you have any other policy with GMI? YES NO

If 'yes' please give full details below

Policy number(s) or Registration Numbers

Type of policy (motor, household, boat, etc.)

Data Protection Act - Information uses

To the extent that the information supplied by you, whether orally or in writing, constitutes personal data, including sensitive data within the provisions of the Data Protection Act, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics.

We may be required to collect further information from our tied insurance intermediaries, other insurance companies, insurance intermediaries or insurance associations.

In addition, we may pass some or all of the information to other insurance companies, or insurance associations for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check the information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association.

We and other companies within our group would like, on occasion, to keep you informed of our products and services, by mail, fax, e-mail or other electronic means. Please inform us in writing if you do not wish to receive this information or if you wish to receive such information solely from GasanMamo Insurance Ltd. Moreover, we hereby ask you whether you wish to receive direct marketing information from us by e-mail to your e-mail address provided.

You have the right to request access to, and rectification of, your personal data held by us by directing your request in writing signed by yourself to the Data Protection Officer, GasanMamo Insurance Ltd., Msida Road, Gzira GZR1405.

I, the undersigned fully agree with the above and hereby consent to the above treatment of my personal data.

Declaration

I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We have withheld no information material to the application whether the subject of an Application Form question or not. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so.

- I/We agree to accept and conform to the terms of the policy when issued.
- I/We undertake that the vehicle(s) to be insured shall not be driven by any person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.
- I/We understand that the information on this form, and about any incident I/we may give details of, will be passed to the Malta Insurance Association so that they can make it available to other insurers. I/We also understand that, in response to any searches made in connection with this application or any incident I/we have given details of, the Malta Insurance Association may pass to my/our insurer information it has received from other insurers about other incidents involving anyone insured to drive the vehicle covered under the policy.

Professional Secrecy Act

Information on this form or on any subsequent claim form along with other relevant information may be shared with other insurers as part of an exercise to combat the ever-increasing problem of insurance fraud. Signature of this proposal form confirms your consent to this fact-sharing exercise. Details are limited to what is absolutely necessary within the strict bounds of confidentiality and we will always regard your file as being a document protected by the Professional Secrecy Act XXIV, 1994.

Very Important

All material facts must be disclosed. Failure to do so could invalidate the policy. A material fact is one which is likely to influence an insurer in the acceptance and assessment of the proposal e.g. a young or inexperienced driver or any offence, (including non-motor related offences such as fraud, robbery, theft or handling stolen goods) or prosecutions pending, or infirmities of any driver. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details. State any material facts on a separate sheet and attach it to this Application Form. A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to us for your future reference. A copy of the completed application form will be supplied on request.

Date

Proposer's signature

Additional Information

Do you require information about other GasanMamo Insurance products?

If yes please indicate class

home boat travel commercial medical

YES NO

For Office Use Only

Premium Computation

BASIC
ANNUAL %NCD
NET
FIRST
DUTY
FEE
TOTAL

Notes for Office Use

Date of Inception of Insurance

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>

Time	<input type="text"/>	a.m.	<input type="text"/>	p.m.
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No insurance will be in force until the proposal has been accepted by GasanMamo Insurance.

Policy Number:

For more information please contact: Agent / Broker

Payment Method

Please charge my: (Tick as appropriate)

<input type="radio"/> Credit Card	Type (eg Visa/ Master Card)	<input type="text"/>
<input type="radio"/> Cashlink		
<input type="radio"/> Quikcash		

Card Number

Amount	<input type="text"/>	Expiry Date	<input type="text"/>	/	<input type="text"/>
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Name and Address of Card Holder

Signature(s)