



*The*  
**Collectors' Car**  
*Insurance Scheme Proposal Form*



**YOU THE PROPOSER**

Full Name		Age
Address		
		Postcode
ID Card No.	Date of Birth     /     /	
Home Phone No.	Daytime Phone No.	Fax No.
Full-time Business or Occupation		

**PERIOD OF INSURANCE**

I wish my membership of the insurance scheme to start on

Date	Month	Year
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Membership will run for one year. No insurance will be in force until the proposal has been accepted by GasanMamo Insurance Ltd., except as provided by an official cover note issued by or on behalf of GasanMamo Insurance Ltd.

**YOUR INSURANCE COVER**

Which of the following do you wish to apply ?

COMPREHENSIVE                          THIRD PARTY FIRE & THEFT                          THIRD PARTY   

**YOUR CAR**

Make		Seating Capacity	
Model		Colour	
Type of body		Chassis No.	
Engine Size		Engine No.	
Year of Manufacture		Price paid	
Registration number		Present value	
Number of Doors			

Please send a recent colour photograph, a valuation if available and details of special features, modification and history.

Is the car owned by you and registered in your name ? *If not please give details.*                      Yes                       No


**SECURITY - YOUR GARAGE**

Please give the following details of garaging

(a) Address		(c) Locks	
(b) Construction		(d) Alarms	

**SECURITY - YOUR CAR**

Please give details of security devices fitted to car eg. alarm, ignition cut-off, immobilisation etc.


## INSURANCE DETAILS

Have you held motor insurance in the last 5 years in your own name ? Yes  No

If "Yes" please give name(s) of insurance company(ies) and renewal dates.


## YOUR CAR'S DRIVER(S)

Please give details of **ALL** drivers including yourself **and your spouse** whether likely to drive or not

Full name	Date of Birth	Licence Years held	Business or occupation
<b>Proposer</b>			
			<b>Full-time</b>
			<b>Full-time</b>
			<b>Full-time</b>

### Driving Record

To the best of your knowledge and belief have you or any other person you have detailed as a driver :

- |  |     |    |
|--|-----|----|
| (i) ever had motor insurance cancelled or refused ?  | Yes | No |
| (ii) been asked to pay an increased premium (other than normal rate increases) or had special conditions imposed ?         | Yes | No |
| (iii) any physical or mental defect or infirmity or suffered from diabetes, fits, fainting attacks or heart complaint ?    | Yes | No |
| (iv) in the past 3 years had any accident or claim ?   | Yes | No |
| (v) in the past 5 years had your/his/her driving licence suspended ?   | Yes | No |
| (vi) in the past 5 years had any convictions (including fixed penalties) or is any prosecution or police enquiry pending ? | Yes | No |

*If you have answered "YES" to any of these questions please give full details*


## GENERAL

Have you or your spouse ever been :

- |   |     |    |
|---|-----|----|
| (a) convicted of or charged (but not yet tried) with a criminal offence ? | Yes | No |
| (b) declared Bankrupt or Insolvent ?                                      | Yes | No |

*If "YES" please give details*


## DECLARATION

**VERY IMPORTANT** You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant please ask your Insurance Adviser. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully. It is an offence under the Motor Insurance (Third Part Risks) Ordinance to make any false statement or withhold any material /information for the purpose of obtaining a certificate of motor insurance.

A copy of the policy is available on request. This insurance does not commence until this proposal has been accepted by us and the premium paid except as provided by an official Cover Note or Certificate of Insurance issued by us.

### Professional Secrecy Act

Information on this form or 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 shared 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.

**TOGETHER WE CAN FIGHT FRAUD.**

**I declare that I have read or have had read over to me, the contents of this completed proposal form and I declare that the**

**information given in it is, to the best of my knowledge and belief, correct and complete and that it will form the basis of the contract between me and GasanMamo Insurance Ltd. I agree that if my answers have been written by any other person and on my behalf, such person shall for that purpose be considered as being my agent and not the agent of GasanMamo Insurance Ltd.**

Signature	
Position (if company)	Date    /    /

Please return to :  
**GasanMamo Insurance Ltd**  
 Msida Road,  
 Gzira GZR 03

