

MOTORCYCLE

PROPOSAL FORM



Gasamamo
INSURANCE

We're always there

Motorcycle 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			
<input type="checkbox"/> employed	<input type="checkbox"/> household duties	<input type="checkbox"/> in full or part-time education	
<input type="checkbox"/> retired	<input type="checkbox"/> self employed	<input type="checkbox"/> independent means	
<input type="checkbox"/> unemployed	<input type="checkbox"/> voluntary work	<input type="checkbox"/> 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.)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3 Is the vehicle normally kept at the shown address? If 'no' please state address	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4 Where is the vehicle normally kept overnight?		
<input type="checkbox"/> garage	<input type="checkbox"/> road	<input type="checkbox"/> your driveway
<input type="checkbox"/> private land	<input type="checkbox"/> carport	<input type="checkbox"/> compound

5a Does the vehicle have a foreign registration number?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> unleaded	<input type="checkbox"/> diesel
15 Is the vehicle equipped with a turbo charger?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20a Is it permanently fitted with a sidecar	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20b Is it a three wheeler?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
21 Does it have a kickstart?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26a Are you the owner of the above vehicle and is it registered in your name? If 'no' give reasons for it being insured in your name and state the name of the owner(s)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
26b Is the vehicle the subject of Hire and Purchase Agreement? If you have replied 'yes' please give name and address of Finance Company	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28a Has a security device been fitted to the vehicle? If 'yes' please attach a copy of the Vehicle Security Installation fitting certificate	<input type="checkbox"/> YES	<input type="checkbox"/> NO
28b Does the bike have ABS or Traction Control fitted?	<input type="checkbox"/> YES	<input type="checkbox"/> 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-riding? YES NO
- h. is the vehicle used outside Malta for periods exceeding 30 days in any one year? YES NO
- i. is the vehicle used on more than 3 trips outside Malta in any one year? YES NO
- j. please state other uses not mentioned above (if any) YES NO

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

Motor Vehicle Driver(s)

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

1. Yourself only
2. Yourself and your Spouse / Partner

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)

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

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

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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 Transport Malta and have they agreed to the issue of a licence? YES NO

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

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

40 Loss History

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? YES NO

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

1	2
---	---

Date of incident (day/month/year)

1	2
---	---

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

1	2
---	---

Amount of claim

1	2
---	---

Was the driver judged to be at fault?

YES NO UNCLEAR¹ YES NO UNCLEAR²

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

41 Convictions

Have you or any of the drivers incurred any driving convictions, or penalties in the past five years? YES NO

(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

Name	Reason

42 Non-motoring offences

Have you or any of the drivers been convicted during the past five years of any criminal offence? YES NO

(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

Have you or any of the drivers been asked to pay an increased premium (other than normal rating increases)? YES NO

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

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 Notice

GasamMamo Insurance is the data controller of personal data held about you or any other person whom you propose to insure or insure with us. By making a request for insurance with us, you acknowledge that you, and all persons whom you propose to insure with us, accept this Data Protection Notice. You should therefore make such persons aware of the contents of this notice.

At times, it may be necessary for us to collect sensitive personal data within the meaning of the Data Protection Act, such as information on medical conditions or injuries, relating to you or any other person to be insured or insured under the policy, or who may claim under the policy. You should obtain their explicit consent before sharing their sensitive personal data with us. By making a request for insurance with us, or making a claim under this policy, you acknowledge that you and all such persons are giving their explicit consent to such information being processed in the manner and for the purposes outlined herein.

Under the terms of your policy, you are required to give us notice of any accident which may give rise to a claim. In such instances, you acknowledge that you, and all persons who may make a claim under the policy, accept this Data Protection Notice and you should therefore likewise make such persons aware of the contents of this notice.

We will use this information to manage and administer your insurance policy, for underwriting, claims handling and for the purposes of detecting and preventing fraud and of keeping statistics. In addition, we may assess your creditworthiness. At times, we may also collect information from other sources and check the information you provide us.

At times, we may pass some of this information to other insurers or to other persons such as the Malta Insurance Association, insurance intermediaries, motor surveyors, lawyers, medical experts or private investigators, or as required at law. Furthermore in case you default in the payment of amounts due to us, we may pass information to the Malta Association of Credit Management (MACM) so that such information will be recorded in their credit information system and made available to participants. Details of the MACM are available at <http://www.maltainsurance.org/>

We may pass some or all of the information that relates or is ancillary to the claims history of persons who may claim under your policy to the Malta Insurance Fraud Platform. The aim of the Malta Insurance Fraud Platform is to prevent, detect, suppress and/or prosecute insurance fraud. GasanMamo Insurance, jointly with other motor insurers, is the data controller in relation to the Malta Insurance Fraud Platform. The platform is administered on our behalf by the Malta Insurance Association (MIA). You can find out more about the Malta Insurance Fraud Platform by visiting the web site at <http://www.maltainsurance.org/>

Under the Data Protection Act you have the right to request access to, and rectification of your personal data held by the Malta Insurance Fraud Platform. If you wish to receive this information, please download the Access Request form, complete with the required information and post it to us at the address shown here. You can find out more about the Malta Insurance Fraud Platform by visiting the website at <http://www.maltainsurance.org/>

Under the Data Protection Act 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, Msida Road, Gzira GZR 1405.

We and other related companies would like, on occasion, to keep you informed of our products and services by mail or other means. Moreover, you are hereby giving your consent to receive direct marketing information from us by email or other electronic means to the addresses and numbers contained herein. Please inform us if at any time you do not wish to receive any such further information.

We may occasionally update this Data Protection Statement. Therefore we would suggest you periodically review this statement to stay informed about how we are meeting our obligations under the Data Protection Act.

Please visit our website on www.gasammamo.com for the Maltese version or else request a printed version from us.

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.

Deposit Premium Form

Pending proof of No Claim Bonus

Please debit me with the premium of
(inclusive of Document Duty) €

and accept the amount of €

as a deposit premium against the above amount. I agree that if the official No Claim Discount certificate issued by my previous insurers entitles me to a No Claims Discount which is less than the one granted when calculating the above premium, I accept to pay the balance within three (3) working days of your request. I understand that failure to do so will mean that my policy will be cancelled and that the Director of the Licensing and Testing Department will be informed accordingly. Temporary evidence of my entitlement to No Claims Discount is attached / is not available.

Date

Proposer's signature

Additional Information

Do you require information about other GasanMamo Insurance products?

YES NO

If yes please indicate class

home boat travel commercial medical

Summary of cover - Motorcycle Policy

To make it easy to select the cover that suits you, we have provided a quick comparison chart allowing you to see exactly how our four 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 which is the legal document that defines the insurance in precise terms. If you wish to see a specimen policy, please ask us, our Tied Intermediaries or your Insurance Broker.



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www.gasammamo.com

B'Kara | Hamrun | Mellieha | Mrieħel | Paola | Qormi | Rabat | Sliema | Valletta

GasamMamo Insurance is authorised to carry on business of Insurance regulated by the MFSA



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