

COLLECTORS' CAR

INSURANCE SCHEME PROPOSAL



Gasamamo
INSURANCE

we're always there



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 e.g. 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
Proposer			Full-time

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 Party 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 1405



Data Protection Notice

Gasamamo 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. Gasamamo 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, Gasamamo 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.gasamamo.com for the **Maltese** version or else request a printed version from us.

Email

Signature

Full Name in Block Letters



GasamMamo
INSURANCE

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Branches:

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GasamMamo Insurance is authorised by the MFSA