## COMMERCIAL VEHICLE PROPOSAL FORM



# **Commercial Vehicle Proposal Form** Important note: Please complete in BLOCK LETTERS and give a definite answer to each question.

| Your pers          | sonal details   |                                       |   |      |   |                   |                    |                    |                 |        |
|--------------------|---|---------------------------------------|---|------|---|-------------------|--------------------|--------------------|-----------------|--------|
| Title (Mr/Mrs/M    | Miss/Ms/other title)  |                                       |   | 5a   | Does the vehicle have                                 | a foreign regis   | tration number     | ?                  | YES             | NO     |
|                    |   |                                       |   | 5b   | Registration number                                   | lf unknown, s     | tate reasons w     | <b>hy</b> (eg bran | d new vehicl    | .e)    |
| Name and Sur       | name  |                                       |   |      |   |                   |                    |                    |                 |        |
|                    |   |                                       |   | 6    | Year of Manufacture                                   | 7 Make (eg F      | ord)               | 8 Model & V        | Variant (eg Tra | ansit) |
| Postal address     | in full   |                                       |   |      |   |                   |                    |                    |                 |        |
| r ustat auuress    |   |                                       |   | 9    | Type of Body (eq Truck                                | . Van)            | 10 No              | of Doors           | 11 Colour       |        |
|                    |   |                                       |   |      | .,pc c. 200, (og maan                                 | , (31)            |                    |                    |                 |        |
|                    |   |                                       |   | 125  | Engine size cc 12b                                    | Tonnage           | 13 Engine BHP      |                    |                 |        |
|                    |   |                                       | Postcode                                    | IZd  | Eligille Size cc 12b                                  | Torinage          | 15 Eligine BHF     |                    |                 |        |
| Identity Card o    | r Passnort No   |                                       |   |      |   |                   |                    |                    |                 |        |
| lucificity out a o |   |                                       |   | 14   | Vehicle fuel type<br>leaded                           | unleaded          | diesel             |                    |                 |        |
| If paceport plo    | ase state date and pla                                      | co of issue                           |   | 15   |   |                   |                    |                    | YES             | NO     |
| ii passport pre    | ase state date and pla                                      | ce of issue                           |   |      | Is the vehicle equipped<br>Chassis Number             | i with a turbo c  | charger?           |                    | TES             | NU     |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Age                | Date of Birth   | Male/female                           | Marital Status<br>(eg married, single, etc) | 17   | Engine Number   |                   | 18 Number of       | feastelingly       | ding driver)    |        |
|                    |   |                                       |   | 17   | Engine Number   |                   |                    | Sedis(Inclu        | ung unver)      |        |
| Home phone n       | umber   | Daytime phone numb                    | per   |      |   |                   |                    |                    | 1/20            |        |
|                    |   |                                       |   | 19   | Is your vehicle in a goo<br>so maintained?            | d state of repa   | iir and will it be | ţ                  | YES             | NO     |
| Mobile Numbe       | -   |                                       |   | 20   | Is the vehicle fitted wit                             | h lifting equip   | ment (E.a. crane   | e grabì <b>?</b>   | YES             | NO     |
| Mobile Numbe       | 1   |                                       |   | 20   | Note: For the purpose                                 | of this questio   |                    |                    |                 |        |
|                    |   |                                       |   | 21   | be regarded as lifting e<br>Is it fitted with a remov |                   | 2                  |                    | YES             | NO     |
| E-mail addres      | S   |                                       |   |      | Estimated value                                       | able hard top     | :                  |                    | TLJ             | NO     |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Company Nam        | ie (if applicable)  |                                       |   |      | IMPORTANT NOTE: You                                   | ur estimate sh    | ould include ac    | cessories,         | spare parts     | and    |
|                    |   |                                       |   |      | duty. We recommend t<br>able in the event of a to     |                   |                    |                    |                 |        |
| Company Regi       | stration Number (if ap                                      | plicable)                             |   | 23   | Date of purchase                                      |                   | 24 Price paid      | itue at the t      | ine or the to   | 155.   |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Client categori    | ies description   |                                       |   |      |   |                   |                    |                    |                 |        |
| employed           | household du  | ties in full or pa                    | rt-time education                           | 25   | Does the vehicle have a equipment or other au         |                   |                    | ment               | YES             | NO     |
| retired            | self employed   |                                       |   | 24.5 | Are you the owner of the                              |                   |                    | stared             | YES             | NO     |
| unemploye          | ed voluntary wor  | k not employe                         | ed due to disability                        | 20d  | in your name? If 'no' g                               | give reasons fo   | or it being insur  |                    | TES             | NU     |
| Main occupatio     | <b>on</b> (describe)  |                                       |   |      | your name and state t                                 | he name of the    | e owner(s)         |                    |                 |        |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Employer's or      | own business (describ                                       | e)                                    |   | 26b  | Is the vehicle the subje                              | ect of Hire and   | Purchase Agre      | ement?             | YES             | NO     |
|                    |   |                                       |   |      | If you have replied 'yes                              | s' please give n  | ame and addre      | ss of Finan        | ce Company      | /      |
| Part-time occu     | upation (if applicable)                                     |                                       |   |      |   |                   |                    |                    |                 |        |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Date driving lie   | cence obtained  |                                       |   |      |   |                   |                    |                    |                 |        |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Vehicle d          | etails  |                                       |   | 27   | Have any changes bee                                  | n mada ta mal     | vor's spacificati  | ions               | YES             | NO     |
|                    |   | ehicle under your polic               | v please complete a                         | 27   | (such as change of eng                                | gine) other tha   | n being adapted    | d solely           | TES             | NU     |
|                    | osal form for each veh                                      |                                       | y preuse comprete a                         |      | to cater for any physica                              | al disability? If | 'yes' give detai   | ls below           |                 |        |
|                    | in import not normally                                      | · · · · · · · · · · · · · · · · · · · | YES NO                                      |      |   |                   |                    |                    |                 |        |
|                    | <b>rt?</b> (Cover may be limit<br>s. Refer to us or your ir | nsurance adviser for de               | etails.)                                    | 28   | Has a security device b                               | peen fitted to th | he vehicle?        |                    | YES             | NO     |
|                    | normally kept at the sh                                     | nown address?                         | YES NO                                      |      | If 'yes' please attach a                              |                   | hicle Security     |                    |                 |        |
| If 'no' please s   | tate address  |                                       |   |      | Installation fitting cert                             | incate            |                    |                    |                 |        |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
|                    |   |                                       |   |      |   |                   |                    |                    |                 |        |
| Where is the v     | ehicle normally kept o                                      | vernight?                             |   |      |   |                   |                    |                    |                 |        |
| garage             |   | our driveway                          |   |      |   |                   |                    |                    |                 |        |
| private lan        | d carport co  | ompound                               |   |      |   |                   |                    |                    |                 |        |

### Use

29 Give full details of all purposes for which vehicle will be used, including nature of any goods to be carried

Use and goods to be carried

|    | Use  | Goods carried               |     |    |
|----|--|-----------------------------|-----|----|
| 1  |  |                             |     |    |
|    |  |                             |     |    |
| 2  |  |                             |     |    |
|    | Will the vehicle be used elsewhere of Malta and Gozo?                                | ther than in                | YES | NO |
|    | Will the vehicle be used at any premi  | ses such as oil or gas ref- | YES | NO |
|    | ineries, fireworks factories, chemica  | l works or similar premises | 5?  |    |
|    | Will any vehicle carry fuel (including cylinders, corrosive, toxic explosive o       | 1 3 3                       | YES | NO |
| a. | professional driving tuition?  |                             | YES | NO |
| b. | Do you operate as a haulage contract<br>the property of others, carried for hir      | <b>.</b> ,                  | 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 restricte   | ed area?                    | YES | NO |
| g. | is the vehicle used for racing, pacema<br>reliability trial, speed testing or off-ro | <b>3</b> ,                  | YES | NO |
| h. | is the vehicle used outside Malta for perceeding 30 days in any one year?            | periods                     | YES | NO |
| i. | is the vehicle used on more than 3 tri<br>Malta in any one year?                     | ps outside                  | YES | NO |
| j. | please state other uses not mentione   | ed 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. Any licensed driver with your permission aged 25 years or over

- 4. Any licensed driver with your permission aged 21 years or over
- 5. Any licensed driver with your permission aged 18 years or over
- 6. You and any person provided he is in your employment and driving on your order or with your pemission
- 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<br>use<br>(see note) | Date of Birth | Identity Card or<br>Passport Number | Occupation | Extent of recent driving experience | Type of<br>Driving Licence held | Details of all accidents or<br>losses during the past 5<br>years |
|------------------|--------------------------------|---------------|-------------------------------------|------------|-------------------------------------|---------------------------------|--|
| You the proposer |                                |               |                                     |            |                                     |                                 |  |
|                  |                                |               |                                     |            |                                     |                                 |  |
|                  |                                |               |                                     |            |                                     |                                 |  |
|                  |                                |               |                                     |            |                                     |                                 |  |
|                  |                                |               |                                     |            |                                     |                                 |  |

## Cover 31a Tick as required

31b.

32

33

a.

b.

Third Party only

| Would you like to include  | the                           | ole for vehicles up to 3.5 tonne:<br>Road Side Assistance cover an  |                | e As             | sistaı       | nce           |    |  |
|--|-------------------------------|---|----------------|------------------|--------------|---------------|----|--|
| & Advice in the recovery o<br>at an additional premium?                                      |                               | insured losses  |                | YES              |              | NO            |    |  |
| contains a $\in$ 55 excess ap<br>Theft and for Young Drive<br>to increase the $\in$ 55 exces | plica<br>rs a<br>ss fo<br>cke | ts below will be higher for You   | d is i<br>boxe | incre<br>es if y | ased<br>ou w | l for<br>/ish |    |  |
| Increase the   |                               | € 55  |                | €12              | 75           |               |    |  |
| standard excess by:  | (tot                          | al € 110)   | (tota          | al€2             | 230)         |               |    |  |
| ones you require and prov<br>Caravan Extension. Pleas  | vide<br>se st                 | ailable at an additional premiu<br>the details requested.<br>ate value and use. Value shoul<br>ld exclude personal effects an | ld in          | clud             | e per        | man           |    |  |
|  |                               |   |                |                  |              |               |    |  |
| Trailer Extension. Note: ið<br>loaders etc, iii to tippers a                                 |                               | apply to mechanical horses, tra<br>iv to kiosks:  | actor          | r uni            | ts,          |               |    |  |
| i) fitted with self-loading  | devi                          | ice?  |                |                  | YES          |               | NO |  |
| ii) fitted permanently wit other than self-loading   |                               | · ·   |                |                  | YES          |               | NO |  |
| iii) A tipper trailer?   | iii) A tipper trailer? YES NO |   |                |                  |              |               |    |  |
| iv) Fitted with cooking equipment? YES NO  |                               |   |                |                  |              |               |    |  |

Third Party & Fire & Theft

Comprehensive

if you answered 'Yes' to (i) (ii) or (iv) state type, use, value, length and details

### Cover required (for trailer)

NOTE: Cover given is normally TPO. For comprehensive or TPFT cover refer. Cover for trailer cannot exceed cover on vehicle.

Tick one box only:

| Third Party only  | Third Party & Fire & Theft | Comprehensive |  |  |  |  |
|---|----------------------------|---------------|--|--|--|--|
| Ownership: Do you own th  | YES NO                     |               |  |  |  |  |
| Higher cum incured (over 6 250) for factory fitted in car audio equipment |                            |               |  |  |  |  |

c. Higher sum insured lover € 350) for factory-fitted in-car audio equipment. (Proof of value required)

d. Cover for in-car audio equipment (not factory fitted). Please state Make, Model and Value (copy of receipt/valuation required).

## No claims discount (NCD)

|       | Insurance Details   |                  |               |                                |  |  |  |  |  |  |
|-------|---|------------------|---------------|--------------------------------|--|--|--|--|--|--|
| 34    | Do you currently have Motor insurance?  | YES              | NO            | 40 Loss                        |  |  |  |  |  |  |
| 35    | Have you held motor insurance in the last 2 years in your own name?   | YES              | NO            | Hav<br>dan                     |  |  |  |  |  |  |
|       | If you have answered 'YES' to any of the above please state nat<br>or previous insurer, vehicle's registration mark and number o  |                  |               | in ti<br>If 'Y<br>If th<br>Nar |  |  |  |  |  |  |
| 36    | Are you entitled to any No Claims Discount?   | YES              | NO            | Dat                            |  |  |  |  |  |  |
| 37    | If 'YES', would you like to transfer it to this policy?<br>If 'YES' please provide copy of last renewal notice you received   | YES              | N0<br>chedule | 1                              |  |  |  |  |  |  |
|       | and state:<br>Name of previous insurer  |                  |               |                                |  |  |  |  |  |  |
|       | Policy Number   |                  |               | Am<br>1<br>Wa:                 |  |  |  |  |  |  |
|       | Vehicle Registration Mark   |                  |               | Not                            |  |  |  |  |  |  |
|       | Number of years free of claims  |                  |               | the<br>41 Convio               |  |  |  |  |  |  |
|       |   |                  |               | Hav                            |  |  |  |  |  |  |
|       | Expiry or Cancellation date of Policy   |                  |               | (You<br>If 'y                  |  |  |  |  |  |  |
|       | NCD % on last renewal NCD % on Renewal Noti   | ce               |               |                                |  |  |  |  |  |  |
|       | How many cars are owned or used by you and members of you including company cars?   | ur househo       | ld,           | Hav<br>sus<br>are<br>If 'y     |  |  |  |  |  |  |
|       |   |                  |               |                                |  |  |  |  |  |  |
|       | ease complete the following information for<br>cluding yourself (whether you are a driver or  |                  | vers          | 42 Non-n<br>Hav<br>the<br>(You |  |  |  |  |  |  |
| 38 Di | riving Record<br>To the best of your knowledge and belief have you, your spous<br>person you have stated will drive:  | e, or any ot     | her           | lf 'y<br>Nar                   |  |  |  |  |  |  |
|       | a) obtained a valid driving licence?  | YES              | NO            | Det                            |  |  |  |  |  |  |
|       | b) less than two years driving experience?  | YES              | NO            |                                |  |  |  |  |  |  |
| 39 M  | edical Conditions<br>Do you or any of the drivers have (or have a history of) defectiv<br>(not corrected by glasses or hearing aid), diabetes, or any dise                            | ease or phys     | sical or      | Dat                            |  |  |  |  |  |  |
|       | mental infirmity, heart complaint or fits of any kind? Please gi<br>none state none.  | ve full deta     | ils. If       | Hav<br>poli<br>If 'y           |  |  |  |  |  |  |
|       |   |                  |               |                                |  |  |  |  |  |  |
|       | Has the condition(s) mentioned above been advised to<br>Transport Malta and have they agreed to the issue of a licence<br>If 'no' please state name of driver and give reasons below. | YES              | NO            | Hav<br>incr<br>If 'y           |  |  |  |  |  |  |
|       |   |                  |               |                                |  |  |  |  |  |  |
|       |   |                  |               | 43 Other<br>Do                 |  |  |  |  |  |  |
|       | If Transport Malta has restricted your licence to a suitably modified vehicle, have the appropriate modifications been car  | YES<br>ried out? | NO            | lf 'y<br>Pol                   |  |  |  |  |  |  |

### s History

| Have you or any of the drivers had an accident or suffered | YES | NO |
|--|-----|----|
| damage, fire or theft losses involving a motor vehicle     |     |    |
| n the past five years?                                     |     |    |

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

|    | 1   | 2   |                      |  |  |  |  |  |  |  |  |
|----|---|---|----------------------|--|--|--|--|--|--|--|--|
|    | Date of incident (day/month/year)   |   |                      |  |  |  |  |  |  |  |  |
|    | 1 2   |   |                      |  |  |  |  |  |  |  |  |
|    | Type of incident (e.g. head-on collision/th   | Type of incident (e.g. head-on collision/theft) |                      |  |  |  |  |  |  |  |  |
|    | 1   | 2   |                      |  |  |  |  |  |  |  |  |
|    | Amount of claim   |   |                      |  |  |  |  |  |  |  |  |
|    | 1   | 2   |                      |  |  |  |  |  |  |  |  |
|    | Was the driver judged to be at fault?<br>YES NO UNCLEAR <sup>1</sup>  | YES NO  | UNCLEAR <sup>2</sup> |  |  |  |  |  |  |  |  |
|    | Note: All incidents should be disclosed w<br>the insurer concerned.   | /hether or not a claim v                        | vas submitted to     |  |  |  |  |  |  |  |  |
| Co | onvictions  |   |                      |  |  |  |  |  |  |  |  |
|    | Have you or any of the drivers incurred a<br>convictions, or penalties in the past five y<br>(You should also disclose any pending pr<br>If 'yes' please give full details below. | vears?  | YES NC               |  |  |  |  |  |  |  |  |
|    | il yes please give full details below.  |   |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    | Have you or any of the drivers ever had to<br>suspended, revoked or had any restriction<br>are presently disqualified from driving?<br>If 'ves' state which driver and the reason |   | YES NO               |  |  |  |  |  |  |  |  |
|    | Name  | Reason  |                      |  |  |  |  |  |  |  |  |
|    | an motoring offences  |   |                      |  |  |  |  |  |  |  |  |
| 10 | on-motoring offences<br>Have you or any of the drivers been conv  | icted during                                    | YES NO               |  |  |  |  |  |  |  |  |
|    | the past five years of any criminal offence?<br>(You should also disclose any pending prosecution or police enquiry)  |   |                      |  |  |  |  |  |  |  |  |
|    | If 'yes' please give full details below<br>Name of driver   |   |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    | Details of offence  |   |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    | Date of conviction (month/year)   |   |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    | Have you or any of the drivers ever had a   |   | YES NO               |  |  |  |  |  |  |  |  |
|    | policy cancelled, declined or refused ren<br>If 'yes' please state name and give full re  |   |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    | Have you or any of the drivers been aske  | d to pay an                                     | YES NO               |  |  |  |  |  |  |  |  |
|    | increased premium (other than normal r  | -   |                      |  |  |  |  |  |  |  |  |
|    | If 'yes' please state name and give full re   | ason below                                      |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
| Dt | her policies  |   |                      |  |  |  |  |  |  |  |  |
|    | Do you have any other policy with GMI?<br>If 'yes' please give full details below   |   | YES NO               |  |  |  |  |  |  |  |  |
|    | Policy number(s) or Registration Numbe  | rs  |                      |  |  |  |  |  |  |  |  |
|    |   |   |                      |  |  |  |  |  |  |  |  |
|    | Type of policy (motor, household, boat, e   | tc.)  |                      |  |  |  |  |  |  |  |  |

### 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 other 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.

### 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.

### **Data Protection Notice**

GasanMamo Insurance Limited having company registration number C3143 and registered office at Head Office, Msida Road, Gzira, Malta, is the data controller of personal data held about you and/or other individuals to be covered under a policy. Within the context of this notice, "GasanMamo" means GasanMamo Insurance Limited and/or any of its affiliates, subsidiaries or associated entities. The data that you provide to us, including sensitive data, will be used for the administration of quotations and policies, insurance underwriting, for handling and settling claims, for management information and for the prevention and detection of fraud and other crimes.

We may collect information about other individuals, such as your family members including minors, whom you propose to insure or insure with us. Yours and other individuals' information may be collected and disclosed from/to associated companies, intermediaries, re-insurers and other entities for the conduct of insurance purposes and for our legitimate interest such as:

• Checks against publicly available information (like court judgements, or court orders) for assessing your application or at renewal or when issuing an endorsement. Similar checks may be made in assessing any claims made.

 Claims handling purposes where information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters, surveyors, and investigators. In certain instances, we may require to be provided with further medical information from any doctor, hospital, clinic, laboratory or any related medical practitioner and healthcare providers.

 For research or statistical purposes, including to analyse how people use our websites, view our products, respond to our advertising and to improve our understanding of what customers need.  For training purposes, to improve our services and their delivery, for example by recording telephone calls.

• To communicate with you about your quotation, product or service, including improvements we make to the ways you can access your information.

 To prevent, detect suppress and/or prosecute fraud where we may at any time share information about you with other organisations, regulatory and public bodies (if applicable overseas), undertake credit searches and additional fraud searches, check and/or file your details with fraud prevention agencies and databases (such as the Malta Insurance Fraud Platform).

• Third party suppliers or service providers to conduct certain business operations as per our outsourcing agreements.

If you give us information, including sensitive information, about other individuals, you confirm that they have given you their permission to provide their personal information to GasanMamo Insurance and for GasanMamo Insurance to process their personal information and also that you have told the individuals who we are and how we use their data, as set out in our Privacy Policy.

We will retain personal information for as long as it is necessary to fulfil the above mentioned purposes for which it was collected and for a period of time permitted by law in order to comply with our legal obligations and requirements.

You have the right to request access to the personal information we hold about you. In certain instances, you may withdraw your consent to our processing of your personal information or request that we restrict the processing of your information or erase your information. However, we may continue to process your personal information if we have a legitimate interest or a legal obligation to do so. To exercise these and other rights mentioned in GasanMamo's Privacy Policy, you may contact us by email on insurance@gasanmamo.com or by post to The Data Protection Officer, GasanMamo Insurance Limited, Head Office, Msida Road, Gzira, Malta. We will take all reasonable steps to confirm your identity before providing you with details of any personal information we may hold about you.

If you are not satisfied with the way GasanMamo processes your personal data, you can contact us as indicated above. If, after making a complaint to us, you are still unsatisfied you have the right to refer the matter to the Office of the Information and Data Protection Commissioner, Floor 2, Airways House, High Street, Sliema SLM 1549, Malta or via email on idpc.info@idpc.org.mt.

We recommend you read our full Privacy Policy for a better understanding of how we process data by visiting:

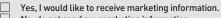
https://www.gasanmamo.com/company/legal/privacy-policy/.

We may amend this notice from time to time for example, to keep it up to date or to comply with legal requirements.

In completing all the forms related to your policy or claims, you are confirming your understanding and acceptance of all the terms set out in our Privacy Policy. We would like, on occasion to keep you informed of our products and services by electronic means.

Yes, I would like to receive marketing information. No, do not send me marketing information.

We would like, on occasion, to keep you informed of related company products and services by mail or by electronic means.



No, do not send me marketing information.

You have a right to object to the processing of your personal data for marketing purposes. Please inform us accordingly if you do not wish to receive any marketing information. If you opt-out of receiving marketing information we may still use your contact details to convey important information regarding an existing policy or claim or for us to comply with our regulatory obligations. By providing your email address to us, you specifically consent to receiving communications from us by electronic means.

I confirm that I have read and understood the contents and accept all the terms laid down in this proposal form. I hereby declare that to the best of my knowledge all the information provided is true and correct.

| Signature  | Date |  |  |  |  |  |  |
|--|------|--|--|--|--|--|--|
| Date of inception of insurance   |      |  |  |  |  |  |  |
| No insurance will be in force until the proposal has been accepted by GasanMamo Insurance. |      |  |  |  |  |  |  |
| For more information please contact.   |      |  |  |  |  |  |  |



### Who are we?

GasanMamo Insurance Limited is a limited liability company registered in Malta (C3143). Our registered address is Head Office, Msida Road, Gzira GZR 1405, Malta.

GasanMamo Insurance Limited is licensed by the Malta Financial Services Authority (MFSA) to carry on business of general insurance. The MFSA address is Notabile Road, Attard BKR 3000, Malta.

### Which Law is Applicable to your Contract?

Your insurance policies with GasanMamo Insurance Limited are Maltese contracts and will be governed by Maltese Law.

### What can you do if you are not satisfied with GasanMamo Insurance Limited?

As a valued customer you are right to expect fairness and a swift and courteous service at all times. We recognise that sometimes you may be dissatisfied with our service.

To help us improve we would appreciate your honesty in telling us about your experience of our service. Your feedback will make all the difference.

### What you should do

Step 1. Please speak to your usual insurance advisor or your GasanMamo Insurance Ltd contact.

Step 2. If you remain dissatisfied or you feel your complaint remains unsolved please write to the Managing Director, GasanMamo Insurance Ltd, Msida Road, Gzira GZR1405 or by email on insurance@gasanmamo.com giving us your policy or claim number in any correspondence.

Step 3. If, after making a complaint to us, you are still unhappy and feel the matter has not been resolved to your satisfaction you have the right to refer the matter to the Office of the Arbiter for Financial Services, First Floor, St. Calcedonius Square, Floriana FRN 5130 or email on complaint.info@financialarbiter.org.mt.

Following these procedures will not affect your right to take legal action.

#### How we communicate

You may communicate with us verbally or in writing, in English or Maltese. The placing of insurance is always done by means of durable medium. Documentation relating to the contract of insurance and to claims shall be in English. Should you receive a translated version, the English version will prevail.

By providing your email address to us, you consent to receiving communications from us by electronic means. Should you wish to receive information from us by means of paper copy you are kindly requested to contact us to let us know of your preference.

#### How we treat your personal data

The privacy and security of your personal information is important to us. Please refer to the Privacy Policy section on our website https://www.gasanmamo.com/ for further information. This policy may be amended by the company from time to time to keep it up to date or to comply with legal requirements. Kindly ask your usual insurance advisor if you would like to receive a hard copy of our Privacy Policy.

### What Protection & Compensation is there for Policyholders?

Under the Protection and Compensation Fund Regulations 2003 should the company be unable to meet all its liabilities, compensation may be available. Further information may be obtained by visiting the MFSA website: https://www.mfsa.mt/

### Remuneration of intermediaries and employees

Insurance intermediaries and some GasanMamo employees may receive a commission which is included in the insurance premium.

Are there any charges or fees applicable in addition to the insurance premium charged by GasanMamo Insurance Limited?

Yes, the charges applicable are as follows:

| All Personal Insurance policies                  | €5.00 |
|--|-------|
| All changes to Personal policies (admin. charge) | €5.00 |

## **Motor Insurance**

## **Insurance Product Information Document**

GasanMamo Insurance Limited is authorised by the Malta Financial Services Authority to carry on business of insurance in Malta.

## **Company: GasanMamo Insurance Ltd**

This is a summary of our insurance policy. You will find all the terms and conditions, along with other important information, online and in the policy document.

## What is this type of insurance?

Motor Insurance provides the compulsory cover you need to drive a vehicle on a road. It also offers additional benefits depending on the cover you choose



## What is insured?

### **Third Party Only**

- Damage to other people's property, and compensation for other peoples' death and injury, if you are at fault.
- Continental use we will provide the necessary cover to comply with the laws of compulsory insurance while you're driving in any designated state.
- Legal costs (incurred with our consent) in connection with a claim made against you.
- ✓ While your vehicle is being serviced we will continue to give you the full protection of this policy when your vehicle is in the hands of the motor repairer for service or repair.
- Emergency treatment resulting from an accident involving your vehicle

### **Third Party Fire & Theft**

As above, plus:

- Loss of (or damage to) your vehicle, including accessories and spare parts relating to your vehicle, following fire or theft
- ✓ Removal & Protection we will pay up to €125 to recover your vehicle and take it to the nearest suitable repairer.
- ✓ Replacement of locks we will pay up to €700 for the replacement of your car keys or lock transmitter if they are lost or stolen.

### Comprehensive

All of the above, plus:

- Accidental damage cover for your vehicle.
- **Optional Cover**
- Trailer extension
- Road Side Assistance for vehicles with a carrying capacity up to 3.5tonnes.



## What is not insured?

**Product: Motor Commercial Insurance Policy** 

### Main exclusions only

- Any claim if any person insured under this policy does not keep to the terms, exceptions and conditions of this policy.
- Any accident, injury, loss or damage while any vehicle is being used for purposes not described on your certificate of motor insurance or being driven by somebody not permitted to drive (or not having a correct and valid driving licence or disqualified from obtaining a driving licence).
- X Any liability which you have accepted solely by an agreement.
- Any consequence of war or terrorism except so far as necessary to meet the requirements of legislation.
- Any liability, accident, injury loss or damage arising out of your vehicle being used for racing, pace-making, reliability trial, speed testing or off roading.
- Any liability, accident, injury loss or damage if at the time of the accident the number of passengers carried in your vehicle exceeds the number indicated on your policy schedule.
- Any liability, accident, injury loss or damage in respect of your vehicle in relation to which you have entered into any contract of sale or purported contract of sale.
- Repair or replacement of your vehicle which improves its condition before the loss or damage occurred.
- Ioss or damage caused by any liability arising out of the operation as a tool of your motor vehicle or of plant forming part of your motor vehicle or attached to it.
- Loss of value following repair
- Damage arising from, wear and tear, mechanical, electrical, electronic breakdown, computer and equipment failure or malfunction or gradual deterioration.
- Loss or damage arising from theft whilst your vehicle is unlocked/open, or the ignition keys have been left in or on the vehicle.
- Any accident, injury, loss or damage caused when the vehicle is involved in, the transportation of any explosives or the bulk transportation of liquefied petroleum or gasoline or the transportation of chemicals or gases in liquid, compressed or gaseous form.
- X Damage caused by overloading or strain





## Are there any restrictions on cover?

- For loss or damage claims, the most we'll pay is the replacement value or the value you declare (whichever is less) of your vehicle at the time of the loss
- An excess will apply to most claims Optional Cover – restrictions
- Roadside Assistance cover is not extended automatically when travelling overseas.



### Where am I covered?

This policy provides the minimum liability cover you need by law for your vehicle when using it in Malta and any EU member state as well as Switzerland, Norway, Iceland and Liechtenstein. Own Damage cover applies only in Malta



### What are my obligations?

- You must take reasonable vehicle to give us complete and accurate answers to any questions we ask whether you are taking out, renewing or making changes to your policy
- You must tell us immediately if you become aware of any changes to your circumstances which may affect this insurance or any other material facts.
- You must observe and fulfill the terms, provisions, conditions and clause of this policy failure to do so could affect your cover
- You must tell us about any event which might lead to a claim as soon as reasonably possible.
- If you need to make a claim, you must give us all the information we need to achieve a settlement or pursue a recovery.



## When and how do I pay?

You may pay your premium by credit/debit card, by internet banking, in cash or by cheque.



## When does cover start and end?

From the commencement date you select until the expiry date (both shown on your certificate & schedule)



## How do I cancel the contract?

You may cancel this policy as long as you are able to present evidence that your vehicle has been transferred to a new owner, or insured by another insurer, or else that the vehicle has been registered as "garaged", "scrapped" or "exported" in accordance with any Transport Malta rules and regulations effective at the time of cancellation. You are required to return your certificate of motor insurance to us. Unless you have made a claim during the current period of insurance, we will calculate the charge for the expired portion of your insurance using our short period rates to the date we receive your certificate of motor insurance and refund any amount due to you.



### Head Office:

Msida Road, Gżira GZR 1405, Malta Tel: 2134 5123 Fax: 2134 5377 insurance@gasanmamo.com gasanmamo.com

### Branches:

B'Kara • Mellieha • Mosta • Mriehel • Paola • Hal Qormi • Rabat • Tas-Sliema • Valletta GasanMamo Insurance Limited is authorised under the Insurance Business Act and regulated by the MFSA

GMCV 04/22