

HOME

PROPOSAL FORM



Gasamamo
INSURANCE

we're always there

Please complete in BLOCK CAPITALS throughout and tick yes or no in the appropriate boxes.

1. Personal Information

Title (Mr, Mrs, Miss or other)

Full Name

I.D Card No. or Passport No.

Date of Birth

Postal Address

Post Code

Address of Property to be insured (if different from above)

Post Code

Occupation including part-time Work (please be specific, Occupations such as Director, Clerk or Self-Employed are not sufficient)

Home Telephone Number

Office Telephone Number

Mobile Number

E-Mail Address

2. General Questions

(a) Is the home for which insurance is required :

Tick where applicable

i. built of brick, stone or concrete with concrete roof ?

yes no

ii. self contained having its separate, lockable front door ?

yes no

iii. protected by a professionally installed burglar alarm with a current annual maintenance contract ?

yes no

If YES please insert the name of the installing company

Should you wish to accept the discount given for an alarm, this security will become a requirement of your policy.

iv. occupied solely by you and your family as a permanent residence ?

yes no

v. used as a private residence only and not as a business premises ?

yes no

vi. in a good state of repair, and will this be so maintained ?

yes no

vii. used for the hosting of persons, other than members of your household for a fee ?

yes no

If you have answered NO to Questions i to vi or YES to Question vii above please give full details

(b) Is the home (please tick):

i. Maisonette Bungalow Flat Detached S/Detached Terraced Other

ii. Owner Occupied Rented Furnished Rented Unfurnished Other

(c) When was your home built ?

(d) Is the home for which insurance is required:

i. Left unoccupied for more than 90 consecutive days?

yes no

ii. still under construction?

yes no

3. Your Buildings

The amount to be insured should be sufficient to rebuild your home as new. Do not take into consideration the value of the land or site upon which your home is situated. Include also the value of any fixtures and fittings, interior decorations, aerials and masts, satellite dishes, solar water heaters, photovoltaic systems, water storage tanks, fire and/or burglar alarm and other security systems, domestic air-conditioning equipment, outbuildings, garages and greenhouses all designed and used for domestic purposes only, swimming pools and related equipment and machinery, tennis courts, terraces, patios, driveways, footpaths, walls (including rubble walls), gates, hedges and fences and your share of common areas and passenger lift.

Tick where applicable

- (a) Do you require buildings insurance ? yes no
- (b) Enter the amount to be insured
- (c) Do you wish to extend cover for your buildings on an Accidental Damage basis? yes no
- (d) Are you the sole owner of the buildings to be insured ? If you have answered NO, please state name of other interest and nature of interest ? yes no
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4. Your Contents

Contents include all possessions belonging to your household or for which any member of your household is legally responsible (but only to the extent of their financial liability to the owner) including fitted kitchen furniture and built-in appliances which form part of the fitted units. This does not include motor vehicles, caravans, trailers, boats, canoes, surfboards, sailboards, overcraft, aircraft, gliders and any accessory which is designed to be used with any of these, living creatures, trees, bushes or plants of any kind (but not houseplants which you usually keep in your buildings), interior decorations, plans, drawings, securities, certificates or documents of any kind except those defined as money, property owned or used totally or partly for business purposes or connected with any employment, fixed swimming pool equipment and machinery, fire and/or burglar alarm and other security systems and domestic air-conditioning equipment, property more specifically insured by this or any other policy.

Any items which are to be insured under the Wider Cover for Personal Possessions need not be included under this Section.

THE AMOUNT INSURED FOR CONTENTS SHOULD REPRESENT THE FULL COST OF REPLACING EVERYTHING AS NEW.

Tick where applicable

- (a) Do you require contents insurance ? yes no
- (b) Enter the amount to be insured
- (c) Does the amount to be insured represent the full value of your contents and will it be so maintained throughout the duration of the policy ? yes no
- (d) Do you wish to extend cover for your contents on an Accidental Damage basis ? yes no
- (e) If the total value of your valuables (Furs, jewellery, articles containing precious metals or stones, gold or silver articles, curios, clocks, watches, personal adornments, works of art, paintings, pictures, stamp, coin or medal collections) exceeds one-third of the Amount Insured on Contents and/or exceeds €20,000 in respect of jewellery, please state value.
- (f) Please specify any valuables of greater value than €2,500 or 5% of the amount insured on contents, whichever is the less.

ITEM	VALUE

5. Wider Cover for Personal Possessions

Cover under this Section is OPTIONAL and a quotation will be given on request.

Any of the following items are classified as PERSONAL POSSESSIONS:

Jewellery, paintings, watches, audio, photographic and video equipment, binoculars, mobile phones, musical instruments, sports equipment, pedal cycles, home computer equipment, personal organisers and other electronic devices.

- (a) Do you wish to insure any Personal Possessions for All Risks Cover? yes no
- (b) If YES please specify below item and value to be insured. Please attach receipts or valuations to substantiate values to be insured. Where applicable state the Geographical Area (Malta, Europe or Worldwide) for which cover is required.

ITEM	GEOGRAPHICAL AREA	VALUE

If separate sheet is used, kindly attach to this proposal form.

- (c) Enter total amount to be insured under this Section.

6. Personal Accident

Cover under this Section is OPTIONAL and a quotation will be given on request.

- (a) Please complete in BLOCK CAPITALS the members of your household who are to be insured under this section:

FULL NAME	DATE OF BIRTH	FULL-TIME OCCUPATION	PART-TIME OCCUPATION

- (b) Have you or any member of your household suffered any previous injuries, physical defects or infirmities? yes no
- (c) Have you or any member of your household sought medical advice or received medical treatment within the past twelve months? yes no
- (d) Do you or any member of your household engage in hazardous hobbies or sports? (e.g. diving, motor racing, hunting etc.) yes no

If you have answered YES to any of the above, please give full details in the space provided below.

Name and address of usual doctor:

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, ask your local GasanMamo Insurance Office. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully. Please ensure that you keep a record (including copies of letters) of all information that you supply to us in relation to this proposal.

Further, I/we agree that if my answer has been written by any other person on my/our behalf, such person shall for that purpose be regarded as my/our Agent and not the Agent of GasanMamo Insurance.

When completing this application, you should disclose any fact which may influence the acceptance of the risk.

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.org.mt](mailto: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.

- Yes, I would like to receive marketing information.
 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:



Head Office: Msida Road, Gzira GZR1405 Tel: 21 345 123 Fax: 21 345 377
insurance@gasanmamo.com gasanmamo.com

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