



Motor Insurance
Proposal Form

Important Notes

Please ensure that block capitals are used in all sections of the proposal form.

Commencement of this policy will be confirmed by a policy certificate. Payment of premium does not mean that the cover is in force.

If you have any queries when completing this form please call us on **2343 0000** or email us on **motor@elmoinsurance.com**

1. Policyholder's details

Name and surname/ Company name	<input type="text"/>	ID number/Passport number	<input type="text"/>
Company registration number	<input type="text"/>	Place of issue	<input type="text"/>
Nature of business	<input type="text"/>	Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Address	<input type="text"/>	Mobile number	<input type="text"/>
		Telephone number	<input type="text"/>
Occupation (including part-time)	<input type="text"/>	E-mail address	<input type="text"/>

2. Choose your cover

Comprehensive

Third Party, Fire and Theft

Third Party Only

Optional extension at an additional premium - Applicable to Commercial Comprehensive Cover

Inclusion of Flood, Storm, Hailstorm & Tempest

Yes No

Inclusion of Riot, Strikes & Civil Commotion

Yes No

Inclusion of Overturning Risk whilst being used as a Tool

Yes No

Policy Excess

If a comprehensive policy is required, you may wish to increase the standard excess of each and every claim for damage to your car by:

€125 €250

For full details about the policy excess, please refer to your motor insurance policy document

Do you wish to delete the €250 excess applicable for the loss or damage by theft?

Yes No

Road side assistance (Free on Comprehensive Cover)

Yes No

3. Vehicle's details

Registration number	<input type="text"/>	Year of make	<input type="text"/>	Date of Purchase	<input type="text"/> / <input type="text"/> / <input type="text"/>
Seating capacity	<input type="text"/>	Make	<input type="text"/>	Model	<input type="text"/>
Type of body	<input type="text"/>	Number of doors	<input type="text"/>	Colour	<input type="text"/>
Gross vehicle weight	<input type="text"/>	Tonnage	<input type="text"/>	Engine capacity (cc)	<input type="text"/>
Market value	€ <input type="text"/>	Purchase price	€ <input type="text"/>	Value of signwriting/ wrapping	€ <input type="text"/>
Engine number	<input type="text"/>	Chassis number	<input type="text"/>		
Vehicle fuel type:	Diesel <input type="checkbox"/>	Petrol <input type="checkbox"/>	Other	<input type="text"/>	
Has the vehicle been modified or converted in anyway? If yes, please give details below	<input type="text"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the vehicle:	New Purchased from local agent <input type="checkbox"/>	Owner imported <input type="checkbox"/>	Other	<input type="text"/>	
	Second hand originally sold by a local agent <input type="checkbox"/>	EU imported <input type="checkbox"/>	Other	<input type="text"/>	

4. Details of who will drive the motor vehicle

- Yourself Any driver aged 18 years and over Any driver aged 36 years and over
Yourself and a named driver Any driver aged 21 years and over Any driver aged 50 years and over
As described by endorsement (restricted drivers) Any driver aged 25 years and over

Details of who will drive including yourself

Name of driver	Date of birth	ID/Passport Number	Occupation	No of years driving experience	Details of all accidents or losses during past four years

5. Use of the motor vehicle

Private vehicle section:

Do you or your spouse own or have regular use of another vehicle? Yes No

Has the vehicle been modified or converted in anyway? *If 'Yes', please give details below* Yes No

Is the motor vehicle subject to a purchase agreement? Yes No

If 'Yes', state name and address of finance company

Will the vehicle be used solely for social, domestic, pleasure purposes and/or for your business, or that of your employer? *If 'No', please give details below* Yes No

Motorcycle section:

Will the motorcycle be used solely for your own domestic and pleasure purposes? *If 'No', please give details below* Yes No

Have you been driving motorcycles throughout the past 4 years? Yes No

If 'No', state the period(s) during which you have been driving regularly

5. Use of the motor vehicle (continued)

Commercial Vehicles section:

Is any finance company interested in your vehicle? *If yes, please give details below*

Yes No

Will the vehicle be used in your business for carriage of goods?

Yes No

Will the vehicle carry goods of an inflammable, corrosive, explosive or toxic nature?

Yes No

Will any vehicle operate in hazardous locations and/or airside restricted areas?

Yes No

Do you require additional Third Party cover while the vehicle is being used as a tool?

Yes No

Will passengers be carried for hire or reward?

Yes No

Will the vehicle be let out on hire?

Yes No

Will driving be limited to you and your employees?

Yes No

Will the vehicle be used for driving tuition?

Yes No

6. General Questions

Have you or any of the persons who will drive:

resided outside Malta during the past 3 years? *If Yes, please give details below*

Yes No

suffered from diabetes, epilepsy, heart condition, hearing impairment, defective vision or any other physical or mental disability or disease, which could affect your/their ability to drive? *If Yes, please give details below*

Yes No

ever had any Motor insurance declined or cancelled or had special terms imposed? *If Yes, please give details below*

Yes No

been convicted of any criminal offence or is any such prosecution pending?

Yes No

If Yes, please give details below

had a driving licence suspended at any time? *If Yes, please give details below*

Yes No

had during the past 4 years any accident, loss or claim in connection with any other motor vehicle?

Yes No

If Yes, please give details below

7. No Claim Bonus

Are you now, or have you been insured in respect of any motor vehicle?

Yes No

Are you entitled to No Claim Discount from your previous Insurer?

Yes No

Present Insurer

Policy number

If entitled to No Claim Discount, state number of years

8. Data Protection Notice

Elmo Insurance Ltd is the data controller in relation to personal data held about you or any other person whom you insure with us. By making a request for insurance with Elmo Insurance Ltd, you acknowledge that you and all persons whom you propose to insure with us accept this Data Protection Statement. You should therefore show this notice to anyone whom you propose to insure with us.

It may be necessary for us to collect sensitive personal data (such as medical conditions or injuries) relating to you or any other person insured or to be insured under the policy or who may claim under the policy. You should get their explicit consent before sharing their personal data with us. By making a request for insurance with Elmo Insurance Ltd, 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 here.

Under the terms of your policy, you should give us notice about any accident which may give rise to a claim under the policy. When you give us notice about any such accident you acknowledge that you and all persons who may claim under this policy accept this Data Protection Statement. You should therefore likewise show this notice to anyone claiming under this policy.

We will use this information to manage and administer your insurance policy, to assess creditworthiness and for underwriting, claim handling and fraud prevention purposes. In order to provide you with products and services this information will be held in the data system of Elmo Insurance Ltd.

We may also collect information from other sources and check the information that you provide us. We may pass this information to other insurers either directly or through persons acting on their behalf such as the Malta Insurance Association, Insurance Intermediaries, or Private Investigators, Medical Consultants, the Commissioner of Police, the Malta Insurance Fraud Platform, and where we are entitled to do so under the Insurance Business Act or the Data Protection Act. Furthermore, in case you default in the payment of your premium or other dues under the policy, we may pass this information to the Malta Association of Credit Management or Credit Info or any Credit Referencing Agency, so that such information will be recorded in the system and made available to participants.

You are entitled to know what personal data is held about you in our systems and where applicable request the rectification or erasure of such data. If you wish to receive such information, you should write to us. 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. Elmo Insurance Ltd 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. Under the Data Protection Act, you are entitled to know what information about claims you have made is held on the Malta Insurance Platform and where applicable, request the rectification or erasure of the same. If you wish to receive this information, please write to the Malta Insurance Association at its registered address.

9. Declaration

I declare that:

i) I have read and understood the contents of this proposal form/the contents thereof have been read and explained to me in a language which I understand and I declare that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and Elmo Insurance Ltd. I agree that any person filling in this proposal form on my behalf shall for that purpose be regarded as my representative and not as a representative of Elmo Insurance Ltd. I understand that my failure to disclose material facts to Elmo Insurance Ltd may lead to my policy being rendered void and I oblige myself to inform Elmo Insurance Ltd immediately with any change of circumstances which may occur during the period of insurance or at renewal stage and which may have a bearing on the correctness of the above statements. Elmo Insurance Ltd has informed me about my right to obtain a copy of the policy conditions upon request.

ii) I declare that I have read the Data Protection Notice.

iii) I wish cover to commence on / / (The date cannot be before the proposal is accepted by Elmo Insurance)

10. Policyholder's signature

Name and surname in block letters

Signature

Date

 / /



**Elmo Insurance Ltd, Abate Rigord Street,
Ta' Xbiex XBX 1111, Malta
Tel: (+356) 2343 0000 | www.elmoinsurance.com**

BRANCH OFFICES

B'KARA BRANCH

Naxxar Road
B'Kara BKR 9044
☎ 2343 0322

COSPICUA BRANCH

48 Bormla Gate
Cospicua BML 2062
☎ 2343 0301

PAOLA BRANCH

Paola Square
Paola PLA 1261
☎ 2343 0306

QORMI BRANCH

St. Bartholomeo Street
Qormi QRM 2187
☎ 2343 0311

RABAT BRANCH

23A Saqqajja Square
Rabat RBT 1192
☎ 2343 0332

ST. PAUL'S BAY BRANCH

612 Mosta Road
St. Paul's Bay SPB 3112
☎ 2343 0310

ZEBBUG BRANCH

Mdina Road
Zebbug ZBG 9017
☎ 2343 0326/7

VALLETTA BRANCH

Cassar & Cooper
54 South Street
Valletta VLT 1103
☎ 2343 0316