

MOTOR INSURANCE - PROPOSAL FORM

You are under a duty to disclose all facts that are likely to influence the acceptance of your proposal. Failure to do so may prejudice the settlement of any claim or invalidate your policy.

The insurance cover you have selected will not be in force until this proposal has been accepted by the Insurance Company you select to insure this vehicle.

Class Private
 Commercial
 Motorcycle

Period of insurance From
 To

PERSONAL DETAILS

Title Name Surname

Date of birth ID/Passport No.

Occupation

Place of work

Address
(including postcode)

Landline No. Mobile No.

Email address Fax. No.

Preferred contact method Landline Mobile Email

Preferred calling time VAT reg. No.

How many years have you been regularly driving a vehicle? Years

How many years have you held a valid motor driving license? Years

AUTHORISED DRIVER(S)

- You and any Authorised Driver aged 25 years and over *
- One Named Driver *
- Two Named Drivers aged 25 years and over *
- You, any other Named Driver aged 21 to 24, and any Authorised Driver aged 25 years and over **
- You, any other Named Driver aged 18 to 21, and any Authorised Driver aged 25 years and over **

* Discount may apply ** Loading may apply

Details of Main Drivers/Named Drivers:

Full Name <i>(delete self if not applicable)</i>	Date of Birth	I.D. No.	Occupation	No.of Years Driving Experience	Driving Licence Group
You <i>(as above)</i>	<i>(as above)</i>	<i>(as above)</i>	<i>(as above)</i>	<i>(as above)</i>	<i>(as above)</i>

Please indicate which of the above drivers will be the main user of the motor vehicle

VEHICLE DETAILS

Make *e.g. Volkswagon*
 Model *e.g. Golf*

Year of manufacture
 Reg. mark

Engine No.
 Chassis No.

Engine c.c.
 B.H.P.

Body type *e.g. Saloon*
 Colour

Seating capacity including driver
 Fuel type Petrol Diesel Other

Estimated value today, including accessories € Turbo installed Yes No

Year of Purchase
 Tonnage CO₂(gm/km)

only for 'commercial' classes

Has the vehicle been modified to give an increased performance from the maker's published specifications? Yes: Specify No

Address where the vehicle is kept overnight

Does the vehicle have a factory-fitted radio? Yes No

Are you the owner of the vehicle and is it registered in your name? Yes No

Is any finance company interested in your vehicle? Yes No

If so, give name of finance company

Is the vehicle registered in Malta with local Maltese number plates? Yes No

COVER

Insurer selected

Type of cover Comprehensive Third party, fire & theft Third party only

The vehicle will be used:

solely for social, domestic & pleasure purposes for your employer's business
 for your own business for carriage of your own goods

Do you wish to make use of an alternative car in case of an accident? Yes No

Applies to Comprehensive cover only. This benefit is available at a small additional premium.

OTHER

Has any Insurer ever required you or any authorised driver to pay an increased premium or imposed special conditions? Yes No

Has any insurer ever declined your proposal? If Yes, please specify Yes No

Has any Insurer ever required you or any authorised driver to pay the first part of any loss? Yes No

Have any accidents or losses (whether covered by insurance or not) occurred during the past five years in connection with any motor vehicle owned, driven or used by you or any authorised driver? If Yes, please explain Yes No

Are you or any authorised drivers medically fit to drive this vehicle? Yes No
If No, please specify

Have you or any authorised driver ever been convicted of any offence including dishonesty, theft, fraud, arson or do you have any such prosecutions pending? Yes No
If Yes, please specify

Have you or any authorised driver been at fault for any serious motor accident in the past 12 months or accidents involving bodily injury in the past 5 years? Yes No
If Yes, please specify

DISCOUNTS

How many years of No Claims Discount are you entitled to? Years

Do you wish to protect your No Claims Discount (NCD)? Yes No

Do you have a security device fitted to your car (e.g. alarm or immobiliser)? Yes No

Do you have a "No Claim Bonus" from another vehicle that you can use on this insurance cover?
If yes, provide: Reg. mark Insurer Consecutive years with no claims

Do you wish to increase your Excess in return for a premium discount? Yes No

If Yes, what increased Excess do you prefer? €

Do you have other vehicles insured in your name? Yes No

If Yes, please specify:

Insurer Vehicle registration mark(s)

Do you have your home insured? Yes No

If Yes, please specify:

Insurer

DISCLOSURE

The insurance will not be valid if you know of any fact which might affect the way the insurer assesses the proposal or affects whether the insurer accepts it, and you do not tell us about it.

Some or all the information you supply in connection with this insurance will be held by the company and maybe passed to other Insurance Companies and Insurance Associations for underwriting and claim handling purposes.

I declare that to the best of my knowledge and belief that the statements made by me are true and complete and that nothing materially affecting the risk has been concealed by me. I agree that this proposal form shall be incorporated in and taken as the basis of the proposed contract between me and the Insurance Company selected.

I hereby authorize the bureau of the EU country I may visit with my vehicle to accept service of legal proceedings, to handle and eventually settle, on my behalf, any claim for damages in respect of liability to third parties which may arise from the use of any motor vehicle in that EU country and is required to be covered under the compulsory insurance law of that country.

APPOINTMENT & CONSENT

This confirms that with immediate effect I have appointed FirstUnited Insurance Brokers Ltd to act as my Insurance Broker within the scope of the Insurance Brokers and Other Intermediaries Act (Act XII of 2006).

The submission of this form does not bind you to complete the insurance and this insurance will not commence until this proposal has been accepted by the Insurance Company or Insurance Agent with whom such business has been placed, following your acceptance of the premium quoted and consent to proceed.

Accordingly, I authorise you to insure this motor vehicle with any Insurance Company or Agency duly authorised to write such business. I also request that you assist me in the placement and ensuing administration of the insurance cover(s) and of any valid claim(s) that I may lodge in the course of your appointment.

I request that any insurance supplier provides you with assistance and information as may be required, including information of any claims notified before or after this appointment. I also authorise you to collect outstanding claim proceeds due to me. In addition, this appointment provides my consent for the processing of personal or corporate data by FirstUnited Insurance Brokers Ltd or its authorised personnel, or any authorised insurer or insurance intermediary or surveyor or loss adjuster provided that this processing complies with the Data Protection Act 2001.

I authorise you to keep me informed by mail or by other electronic means, of your products and services, which you consider might be of interest to me. Should I wish to revoke this consent I will inform you accordingly. This appointment will remain valid until I advise you otherwise.

I confirm that I have read and that I agree to the [Disclosure](#) and the [Appointment & Consent](#) declarations above.

Signature

Date



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