



Our Interest is You.

# PROPOSAL FORM MOTOR VEHICLE INSURANCE Argus Insurance Company (Europe) Limited

This Claim Form is issued by the Malta Branch of Argus Insurance Company (Europe) Limited No. OC 1216, registered in Malta and licensed by the Malta Financial Services Authority (MFSA) to act as a third country branch of Argus Insurance Company (Europe) Limited, registered in Gibraltar No. 01862, licensed by the Gibraltar Financial Services Commission.

Trident Park, 8B Level 5  
Notabile Gardens, Mdina Road  
Central Business District Zone 2  
Birkirkara CBD 2010, Malta

Tel: +356 2342 2000  
Fax: +356 2342 2190

www.argus.mt  
Insurance@argus.mt

Policy No:  Reg No:  Period of Insurance:

## 1. PARTICULARS OF THE PROPOSER

Surname:  Name:  Time:

Address:  Client No.:

Date of Birth.:

Age:

Telephone No. (Home):  Fax:

Mobile No.:  Email:

Occupation:  ID Card No./Passport No.:

Area of Work

Name of Employer  Email:

## 2. INSURANCE ARRANGEMENTS

TYPE OF COVER      Comprehensive:       Third Party, Fire & Theft:       Third Party Only:

Do you or any of your household members hold any other policy with Argus Insurance Company (Europe) Limited, Malta Branch?      Yes       No       Policy No.:

Are you entitled to NCD from your previous Insurer?  
Yes       No       Insurer Co.:   
Policy No./Reg. No.:

No of Year Free of Claims:       Expiry Date:       Confirmed by:

How was the vehicle insured prior to your proposal for insurance cover with Argus Insurance Company (Europe) Limited, Malta Branch?      Comprehensive:       Third Party, Fire & Theft:       Third Party Only:

Would you like to increase your Compulsory Excess in return for a reduction in premium?  
Yes       No       By € 55:       By € 115:       By € 235:

Other Benefits you wish to include:      Details of In car Entertainment:

Radio Factory Fitted:      Yes       No       Make/Model:

Towbar:      Yes       No       Serial No.:

Caravan/Trailer Extension:      Yes       No       Value:

If Yes, please specify:

### 3. DRIVERS OF YOUR MOTOR VEHICLE

<b>Code 1</b>	<input type="checkbox"/>	The Insured only Driving	<b>Code 2</b>	<input type="checkbox"/>	The Insured and Spouse/Partner Only Driving
<b>Code 3</b>	<input type="checkbox"/>	The Insured and any Authorised Drivers over 25	<b>Code 4</b>	<input type="checkbox"/>	The Insured, Authorised Driver over 25 and Named Drivers Over 21
<b>Code 5</b>	<input type="checkbox"/>	The Insured, Authorised Drivers over 25 and Named Drivers Over 18	<b>Code 6</b>	<input type="checkbox"/>	The Insured and Named Drivers Over 25
<b>Code 7</b>	<input type="checkbox"/>	The Named Drivers only Driving	<b>Code 8</b>	<input type="checkbox"/>	The Insured and One Named Driver
<b>Code 9</b>	<input type="checkbox"/>	The Proposer Excluded from Driving covering One Name Driver	<b>Code 10</b>	<input type="checkbox"/>	The Proposer Excluded from Driving covering Authorised Drivers Over 25
<b>Code 11</b>	<input type="checkbox"/>	The Insured and any Authorised Driver over 21	<b>Code 12</b>	<input type="checkbox"/>	The Insured and any Authorised Drivers over 18
<b>Code 13</b>	<input type="checkbox"/>	The Insured and any Authorised Driver over 40			

#### AUTHORISED DRIVER

Driver Name:  ID Card:   
Date of Birth:  Age:  Occupation:

### 4. QUESTIONS RELATING TO THE PROPOSER AND TO THE DRIVER MENTIONED ABOVE

Do you or any other person(s) possess a valid driving licence to drive the vehicle in question? Yes  No

Do you or any other person(s) who will be driving:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 1. suffer from Diabetes, Epilepsy, a heart condition or any disease or infirmity which could effect your/their ability to drive? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 2. need to undergo regular check-ups in relation with eyesight?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 3. have less than one year driving experience?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 4. have any penalty points on driving licence?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

Have you or any other person(s) who will be driving:

- |  |     |                          |    |                          |
|--|-----|--------------------------|----|--------------------------|
| 5. been prosecuted or convicted of any offence in connection with any motor vehicle or is any such prosecution pending?                          | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6. been convicted of criminal offence of any kind or is such prosecution pending?  | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 7. had a proposal declined, been refused renewal of a policy, had a policy cancelled or had any special conditions imposed by any motor insurer? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 8. had any loss, accident, or claim during the last five years in connection with any motor vehicle?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If any of your answers to the above questions was 'Yes', please specify

Name of Driver:  ID Card:

Age:

Details:

### 5. YOUR MOTOR VEHICLE

Reg No.:	<input type="text"/>	Make/Model:	<input type="text"/>	Colour:	<input type="text"/>
Year of Manufacture:	<input type="text"/>	Type of Body:	<input type="text"/>	Left Hand Drive?:	<input type="text"/>
Chassis No.:	<input type="text"/>	Engine No.:	<input type="text"/>	No. of Doors:	<input type="text"/>
Engine CC/Horsepower:	<input type="text"/>	Seating Capacity:	<input type="text"/>	BHP:	<input type="text"/>
Petrol (P) or Diesel (D) ?:	<input type="text"/>	Gross Tonnage:	<input type="text"/>	Sunroof?:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Price Paid on Purchase	<input type="text"/>	Date of Purchase	<input type="text"/>	Estimate Value	<input type="text"/>

Is the vehicle being acquired under hire purchase agreement or any form of credit?

Yes  No  If Yes, please specify details

Your estimate of the motor vehicle's present value including any accessories, spare parts and duty if the motor vehicle is duty free?

Is an alarm installed? Yes  No

Has the vehicle been modified or converted from maker's specification or does it have any extras?

Yes  No  If Yes, please specify details

Are you the owner of the vehicle and is it registered in your name?

Yes  No

If No, please give reason for vehicle being insured in your name and state the name of the owner below:

If NO - Transfer to be effected within 7 days or insurance cover will be inoperative.

### 6. USE OF YOUR MOTOR VEHICLE

In addition to social, domestic and pleasure use (which includes travel to and from your normal place of work and business) will the vehicle be used for:

a: business purposes by any other person? Yes  No

b: commercial travelling, professional driving tuition or trade purposes? Yes  No

Is the vehicle used for the carriage of goods? Yes  No

If Yes, please state the nature of goods carried

Do you undertake carriage for other persons? Yes  No

Has the vehicle been altered to carry a load heavier than that stated in Maker's published specification? Yes  No

If Yes, please give details

Is the vehicle a six wheeler? Yes  No



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### 7. IMPORTANT NOTICE

Failure to disclose material facts which an insurer would regard as likely to influence the acceptance and assessment of your proposal can lead to your policy being rendered void. If in doubt as to whether certain facts are relevant please ask us or your insurance advisor.

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 issued by us. The insurer reserves the right to ask for special terms or decline the Proposal. You should keep a record (including copies of letters) of all information supplied to us for the purpose of entering into this insurance. A copy of this Proposal Form will be supplied by us on request within months of completion. Please note that the details you are being asked to supply may be used to provide you with information about other products and services which Argus Insurance Company (Europe) Limited, Malta Branch can offer.

The insurance contract is written in English. For this reason it is understood that the English wording is the definitive wording of the questions to this proposal should any disagreement arise over its interpretation.

### 8. DATA PROTECTION

To the extent that the information supplied by you constitutes personal data, you consent to the processing of such data for purposes of administering your proposal for insurance, your Policy, underwriting, handling of claims, and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics.

In addition, we may pass some or all of the information to other insurance companies or to the Malta Insurance Association or other market entity for underwriting and claims handling purposes and also for the purposes of detecting, preventing and suppressing fraud and of keeping statistics. This also helps us to check information provided. When we deal with your request for insurance, we may search this information. When you tell us about an incident which may or may not give rise to a claim, we will pass information relating to it to the Malta Insurance Association and other insurance companies.

We and other companies within our group would like, on occasion, to keep you informed about our products and services, by mail, fax, email or other electronic means. Please inform us in writing if you do not wish to receive this information.

You have the right to request access to, and rectification of, your personal data held by us by directing your request to our office

### 9. LAW APPLICABLE CONTRACT

You and the insurer are free to choose the law to this contract but in the absence of agreement to the contrary, the law of the country in which you reside at the date of the contract (or, in case of a business, the law of the country in which the registered office or principal place of business is situated) will apply. If you are not resident (or, in the case of a business, the registered office or principal place of business is not situated in the Maltese Islands), the law which will apply is the law of Malta.

### 10. COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to the Complaints Officer at Argus Insurance Company (Europe) Limited, Trident Park, 8B Level 5, Notabile Gardens, Mdina Road, Central Business District Zone 2, Birkirkara CBD 2010. Email: Insurance@argus.mt Tel: +356 2342 200. If you are dissatisfied with the response you receive you should write to the Office of the Arbiter for Financial Services, St Calcedonius Square, Floriana; email: complaint.info@financialarbiter.org.mt Tel: +356 80072366 / +356 21249245

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## 11. DATA PROTECTION AND HOW WE PROCESS DATA

Processing of personal data is regulated by the General Data Protection EU 2016/679 together with other laws which relate to privacy and electronic communications. In this clause, we refer to these laws as Data Protection Law"

During the course of our engagement with you it will be necessary for you to disclose certain personal data to us in order that we provide our services to you and to enable us to discharge the services agreed, to comply with related legal and regulatory obligations for other related purposes including updating and enhancing clients records and analysis for management purposes. This will require us to obtain, use, disclose and otherwise process personal data about you and, if applicable, your organisation, its shareholders members and/or officers and employees.

For clarity, Data Protection Law contemplates various grounds which may render processing of personal data lawful, including where it is necessary for a contract, mandate by law, it is in your legitimate interest (and does not override your policy, and/or if you give us your consent. Our Privacy Notice (which can also be accessed at [www.argus.com.mt](http://www.argus.com.mt)) or provide to you in hard copy upon request, explains how we process personal data. In providing our services we act as an independent data controller and are, therefore responsible for complying with Data Protection Law in respect of any personal data we process.

You are responsible for complying with Data Protection Law in respect of the personal data you process and, accordingly, where you disclose personal data to us you confirm and warrant that such disclosure is fair and lawful, that where applicable and necessary you have obtained lawful consent from others for you to pass on their personal data to us, to the Argus Group and third-parties to whom we disclose personal data (and for the Argus Group and said third-parties to share the personal data with us), and otherwise it does not contravene Data Protection Law. Noting within this document relieves you of your own direct responsibilities and liabilities under Data Protection Law Terms used in this clause bear the same meanings as are described to them in Data Protection Law. This clause does not apply to the extent that we act as a data processor for you in which case specific data protection instructions are to be signed between us.

### Basis Data Protection information

**Controller:** Argus Insurance Company ( Europe), Malta Branch.

**Purpose:** Management of Insurance Agreement, creation of profiles for suitable enforcement of the insurance agreement, integral and centralised management of the relation with Argus Group and delivery of information and advertising on ARGUS Group, and delivery of information and advertising on Argus Group products and services.

**Recipients:** Data may be communicated to third parties and/or data transfers may be made to third-party countries in the terms stipulated in the Additional Information.

**Rights:** You can exercise your rights of access, rectification, removal, limitations, objection and transferability, specified in the Additional Data Protection Information.

## 12. DECLARATION

I declare that I have read over the contents of this completed proposal form and I declare the above statements are to the the best of my knowledge and belief correct and complete and will form the basis of the contract between me and the Insurer . I agree that if any of my answers have been written by any other person on my behalf such person shall for that purpose be regarded as my agent and not the agent of the Insurer.

Proposer's Signature:

Date:

Information provided to us including claims information may be shared with other insurers and market associations in order to prevent fraudulent claims. Details shared are limited to what is absolutely necessary within the strictly bounds of confidentiality and we always regard your file as being a document protected under Professional Secrecy Act, 1974.