



Citadel Insurance p.l.c. is authorised to carry on general and long-term business of insurance under the Insurance Business Act, 1998 and is regulated by the Malta Financial Services Authority. You are to disclose all material facts. If you are in doubt about a particular fact you should disclose it. A material fact is any fact which is likely to influence the assessment and acceptance of your proposal.

THE PROPOSER			
Name:		Client Account No.:	
Address:		VAT No.:	
Tel. No:	Mobile:	E-mail:	Fax:
Date of Birth:	Place of Birth:	I.D. No/Passport No:	
Occupation:			
THE VEHICLE			
Registration number:	Make and model:	Year of manufacture:	
Engine number:	Type of body:	Number of passengers:	Miles/kilometres covered in one year:
Chassis number:	Engine capacity:	Tonnage:	Colour: <input type="text"/>
Brake horse power (bhp):	Turbo <input type="checkbox"/>	Petrol <input type="checkbox"/>	Diesel <input type="checkbox"/>
Date of first registration: <input type="text"/>	Price paid: € <input type="text"/>	Proposer's estimate of present value including accessories: € <input type="text"/>	
Is your vehicle: Right hand drive: <input type="checkbox"/> Left hand drive: <input type="checkbox"/>			
1. Where is the vehicle kept overnight? <ul style="list-style-type: none"> i. in a locked garage <input type="checkbox"/> ii. outside, but in your premises <input type="checkbox"/> iii. elsewhere (please specify) _____ 			
2. Is the vehicle fitted with an alarm or immobilizer? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. (a) Has any alteration or addition (including accessories) been made to the manufacturer's standard design or specification or is such an alteration contemplated? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give details _____			
(b) Has any spray or other material been applied to the body panels of the vehicle for promotional or other similar purposes? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, give details: _____			
4. Is the vehicle in a good state of repair: Yes <input type="checkbox"/> No <input type="checkbox"/>			
5. Is the vehicle: <ul style="list-style-type: none"> (a) Registered in your name? If not, give details Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Owned solely by you? If not, give details Yes <input type="checkbox"/> No <input type="checkbox"/> (c) The subject of a hire purchase agreement? If so, give details: Yes <input type="checkbox"/> No <input type="checkbox"/> 			
6. Do you have any other current policies with Citadel Insurance p.l.c.? If yes, please give us your policy number or vehicle registration number since this will entitle you to a discount: Yes <input type="checkbox"/> No <input type="checkbox"/>			

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

DATA PROTECTION NOTICE

In terms of the Data Protection Act (Chapter 440 of the Laws of Malta), we will process any personal and/or sensitive data supplied on/in this application/proposal form or subsequently supplied by yourself, whether orally or in writing, for all or any of the following purposes:

1. underwriting and issuing contracts of insurance, collecting premiums and submitting other bills, settling claims or paying other benefits, reinsurance, consurance and actuarial activities;
2. the proper performance of your contract of insurance;
3. underwriting of subsequent insurance applications/proposal forms which you may lodge with the Company;
4. preventing, detecting and/or prosecuting fraud and any other criminal activity which the Company is bound to report and meeting any other specific legal or contractual obligations;
5. establishing, exercising or defending any legal action;
6. internal management, research and statistics, systems administration and the development and improvement of our products and services;
7. the protection and promotion of our legitimate interests and the proper conduct of our business;
8. informing you by direct marketing about our range of products and services including those of our affiliated companies, associates, agents and tied insurance intermediaries or other carefully selected organisations and companies.

Relevant data will be disclosed or shared as appropriate with all our employees and with our affiliated companies, associates, agents and tied insurance intermediaries, your broker if any, the Malta Insurance Association, other insurance companies and other third parties if pertinent to any of the purposes listed above including the purpose listed in paragraph 8.

Should you have availed yourself of the services of one of our agents or tied insurance intermediaries you confirm that you are aware that such agents and tied insurance intermediaries will process your personal data pursuant to their legal obligations.

Kindly inform us by ticking the box on the last page should you not want to receive any direct marketing in terms of paragraph 8.

Every field on the form is mandatory. Should you fail to fill in any mandatory field, we reserve the right to refuse insurance cover. Should any field be inapplicable to your particular circumstances, please mark that field with the letters "N/A".

You have the right to require that we provide you with access to your personal data as well as the right to rectify, or, in appropriate circumstances, erase any inaccurate, incomplete or immaterial personal data, which is being processed. However, you are required to inform us immediately of any alterations relating to your personal data which we are processing.

By signing this form, you confirm that you are giving your explicit consent, in terms of the Data Protection Act, on behalf of yourself and all the other persons specified in this form, for the Company to process your respective personal information as outlined above and you confirm that you have brought this Data Protection Notice to the attention of these other persons and obtained their respective consent. We undertake to implement appropriate measures and safeguards for the purpose of protecting the confidentiality, integrity and availability of all data processed.

DECLARATION

We declare that the information given in this Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, We agree that if my/our answers are not in my/our handwriting and/or have been written by any other person on my/our behalf, then such person shall for that purpose be regarded as my/our agent. We further declare that no material fact has been withheld and We understand that failure to disclose a material fact may result in the contract being declared void and that a claim under the policy may not be paid. **A material fact is one which is likely to influence Citadel Insurance p.l.c. in the best assessment and acceptance of this proposal.** The Proposal Form and Declaration will be considered the basis of the contract and will form part of the Policy. We understand that the cover under the Policy will not be operative until this Proposal Form has been accepted by Citadel Insurance p.l.c., the relative premium has been paid and received by Citadel Insurance p.l.c.

IMPORTANT NOTES

1. You are advised to keep a copy of this Proposal Form for your records.
2. Only the Policy Document provides full details of what is and what is not covered. A specimen policy is available on request.
3. We will provide you with a copy of the completed Proposal Form when ever you require. Furthermore, we will undertake not to raise an issue under your Proposal Form unless we first provide you with a copy of the Proposal Form which you had submitted to us.
4. The Company is bound by the Professional Secrecy Act, 1994 with respect to information furnished by you to Citadel Insurance p.l.c. in connection with this insurance proposal. However, the Insurance Business Act, 1998 provides for the exchange of such information with any other insurance company, insurance intermediary and/or the Police solely for the purpose of preventing, detecting or suppressing insurance fraud.

We have read and agreed to the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/our rights. If there is more than one proposer, then all persons must sign.

I do not consent to direct marketing

Please specify the format in which you prefer your copy of the Policy Document
 electronic (CD) hardcopy

NAME AND SURNAME OF PROPOSER (BLOCK LETTERS):

SIGNATURE OF PROPOSER

DATE: DD / MM / YYYY

NAME AND SURNAME OF INTERMEDIARY:

Citadel Insurance p.l.c.
 Head Office: Casa Borgo • 26 Market Street • Floriana FRN 1082
 Front Office: 28 St. Anne Street • Floriana FRN 9011
 Tel: 2557 9000 • Fax: 2557 9550 • Freephone: 8007 2322
 www.citadelirect.com



7. Was the vehicle purchased overseas? Yes No

8. If the vehicle has been acquired as second hand please state from whom it has been purchased: _____

9. Date of last vehicle roadworthiness test (VRT) / /

10. How many times in a year do you use your vehicle for overseas travel?

11. No entertainment cover will be in force unless the details requested in this section are provided:

(a) Please specify details of entertainment equipment fitted in the vehicle: Factory fitted Non-factory fitted None

(b) If entertainment equipment is not Factory Fitted, an additional charge will apply. Please provide the following details:

(i) Make & model: _____ (ii) Date of purchase: / /

(iii) Serial number: _____ (iv) Value (please note that cover will be limited to €350): €

12. Is the vehicle fitted with an alarm or an immobiliser? Yes No

13. Are you exempt from paying duty on the vehicle?: Yes No
If YES, state the amount of duty you are liable to pay (included in the estimate of present value): _____

Please also provide a copy of the relative receipt:

THE USE

1. (a) The vehicle will be used for: Personal use Business use

(b) Do you undertake carriage for other persons? Yes No

(c) Has the vehicle been altered or adapted to carry a load heavier than the manufacturer's standard design? Yes No

2. If used for carriage of persons:

(a) Are the persons carried for hire or reward? Yes No

(b) What is the maximum number of passengers likely to be carried? No. of passengers

3. Other uses. Please specify: _____

4. Do you now participate or do you intend to participate in racing, pace-making, hill-climbs, quarter mile racing, speed testing or other similar events? Yes No

If yes, please give full details: _____

THE DRIVERS

Please specify Authorised Drivers:

1. Limited to yourself only (A discount will be allowed) Yes No

2. Limited to yourself and your spouse (A discount will be allowed) Yes No

3. Limited to yourself and one named male driver over 30 years of age (A discount will be allowed) Yes No

4. Limited to yourself and to one other female driver (A discount will be allowed) Yes No

GIVE THE FOLLOWING INFORMATION ABOUT ANY PERSON INCLUDING YOURSELF WHO MAY DRIVE

Name (Proposer)	Occupation	Age	Type of Licence	Period Held
1.				
2.				

5. State name of person who will be the main user of the vehicle: _____ I.D. card number: _____

6. Has any person mentioned above had any accident/loss in connection with any motor vehicle in the last five years? Yes No

If yes, give details

Date of Loss	Amount/Estimate of damages incurred	Description of accident/loss
	€ <input type="text"/>	<input type="text"/>
	€ <input type="text"/>	<input type="text"/>

7. Have you and all additional drivers been prosecuted or convicted of any offence or is any such prosecution pending? Yes No

If yes give details

8. Have you or any additional drivers been driving during the past 12 months? Yes No

9. In respect of yourself and all additional drivers, give details of any physical infirmity, defective vision or hearing, or any other medical condition which may impair the ability to drive: _____

10. Have you or any additional drivers:

(a) Had an insurance proposal declined? Yes No

(b) Been required to carry an additional excess? Yes No

(c) Been required to pay an increased premium or had any special conditions imposed? Yes No

(d) Been refused renewal of an insurance policy? Yes No

(e) Had an insurance policy cancelled? Yes No

11. Are you now or have you been insured in respect of any vehicle? Yes No

If so, state name of company and policy number: _____

12. Are you entitled to a "No Claim Discount" from your previous insurers in respect of the vehicle related to this proposal? Yes No

State "no claim discount" currently earned: %

Would you like to transfer this no claim discount onto the vehicle related to this proposal? Yes No

If you are entitled to a No Claim Discount it is important to attach the renewal notice from your previous Insurers.

COVER AND PREMIUM OPTIONS

1. Period of insurance from / / to / /

2. Type of insurance required: Comprehensive Third party fire and theft Third party only

3. Do you want to increase the excess payable in respect of "Own Damage" by: €115 €235

OPTIONAL EXTENSIONS (An additional charge will apply)

1. Do you wish to increase the limit for third party loss of use claims from €600 to €1165? Yes No

2. If you are 25 years or over and have opted for a Comprehensive cover, do you wish to extend the policy to cover the cost of an alternative vehicle following loss or damage to your car? Yes No

3. If you are 25 years or over and you have 5 years driving experience free of claims, do you wish to protect your No Claims Discount? Yes No

4. If you have opted for Comprehensive cover, do you wish to extend cover to include Loss of Keys? Yes No

5. If you are 25 years or over, have not claimed in the last 5 years and you have opted for Comprehensive cover, do you wish to upgrade the policy to the 'Monalisa Plus Cover'? This cover provides Protection of No Claims Discount, cover for alternative vehicle and a reduction of €55 from the standard Excess. Yes No

6. Do you wish to extend your policy to include cover for earthquake? Yes No