

Motor Insurance

YOUR WORLD | OUR COVER



INSURANCE PROPOSAL FORM

DATA PROTECTION NOTICE

The controller of your data is Citadel Insurance p.l.c. and its subsidiaries ("the Company"). Should you have any queries, you may contact us by:

Telephone: (+356) 2557 9000

E-mail: dpadmin@citadelplc.com

Post: Casa Borgo, 26, Market Street, Floriana FRN 1082

If you wish to address the Company's Data Protection Officer directly, you may do so by:

Telephone: (+356) 2759 5000

E-mail: dpo@citadelplc.com

Post: DPO, 170 Pater House, Psaila Street, B'Kara BKR 9077

PURPOSES AND LEGAL BASES FOR PROCESSING

The personal data provided about you on this proposal form or subsequently, whether in writing or orally, is necessary to perform the contract of insurance and/or to take steps at your request prior to entering into the contract. The Company may process such data to assess risk, underwrite and issue present and future contracts of insurance, collect premiums, assess and respond to your queries, and transfer data to and receive data from other insurance and reinsurance companies to underwrite your contract of insurance. The Company may process your data to carry out due diligence, where necessary, and to prevent, detect, suppress and/or report insurance fraud or any other criminal activity, as required by law. The Company may also process your data to establish, exercise and/or defend itself in legal action, to carry out research and compile statistics, perform actuarial science, and to protect its data systems, thus protecting its legitimate interests.

RECIPIENTS OF THE DATA

Your personal data will be received by the Company, or an intermediary on the Company's behalf, and it may be disclosed or shared, **only as is strictly necessary in accordance with the purposes outlined above**, with the Company's employees, subsidiaries, associates, intermediaries, joint controllers, the Company's external actuaries, consultants, legal advisors, auditors, risk assessors, loss adjusters and surveyors, repairers, healthcare and other medical institutions and professionals, banks, credit referencing agencies, risk intelligence agencies, vehicle history and valuation databases, the Malta Insurance Association and other insurance and reinsurance companies, other professionals, and public, legal and/or judicial authorities. The Company may also disclose your data to third parties if it is called upon to do so by a competent authority, or by a Court or tribunal, only to the extent required and allowed by law. The transfers of personal data to third parties located outside the EEA and countries of equivalent level of data protection on a regular basis will only be carried out under appropriate safeguards or in emergency cases using a derogation as specified in the GDPR.

DATA RECEIVED FROM OTHER SOURCES

The Company may receive personal data about you, such as identifying information, information regarding your insurance history, financial details, and medical information, from third party sources, such as the recipients listed above or from others, such as the ETARS traffic accident database and public government websites. The data is collected for the purposes outlined above. The Company may also record telephone conversations for training, security and quality control purposes. CCTV cameras are in use throughout the Company's premises.

RETENTION PERIOD:

The Company makes every effort to store personal data only for as long as it is necessary for the purposes outlined above. If the Company does not provide you a quote on your proposal, or provides you a quote which you do not accept, the Company will store the data provided by you for five (5) years. If a policy is issued, further information on retention periods will be provided in your policy document.

YOU HAVE THE RIGHT TO:

- Acquire access to your data, including confirmation from the controller as to whether data about you is being processed and to receive further information about that processing;
- Amend inaccurate personal data;
- Request the erasure of data processed about you, on the basis of certain grounds, such as where the data is no longer necessary for the purposes for which it was collected, and is no longer necessary for regulatory compliance or where consent for processing that requires consent has been withdrawn, among other grounds;
- Request the data controller to restrict its processing activities on your data, on the basis of certain grounds, such as where the accuracy of the data is contested;
- Receive the personal data provided by you in a structured, commonly used and machine-readable format or to request that such data be transferred in such format to another data controller;
- Withdraw your consent to processing that is based on your consent, such as direct marketing;
- Lodge a complaint with the competent supervisory authority in Malta (IDPC), which can be made on their website <https://idpc.org.mt>;
- Object to processing that is carried out for the legitimate interests of the controller, by reference to your specific situation. You may, at all times, object to direct marketing.

Should you wish to exercise any of your rights, you may do so by contacting us, our DPO, or by visiting our website.

IMPORTANT INFORMATION

The information that you provide is necessary for the performance of your contract of insurance, or to take steps at your request prior to entering into a contract. Failure to provide the Company with information as necessary throughout the lifetime of your policy might render the Company unable to fulfil its obligations under your contract.

The Company engages in insurance industry standard profiling, wherein the assessment of risk is partially made by automated means. However, all final decisions which produce any legal effects on data subjects, including without limitation, the decision on whether to underwrite a risk and issue a contract of insurance, are taken with human intervention.

If you are acquiring a quote or an insurance policy through an insurance broker, such broker may be considered a joint controller.

If a policy is issued, a more detailed Data Protection Notice will be provided in your policy document. It is also available on our website.

DECLARATION

I/We declare that the information given in the Proposal Form is to the best of my/our knowledge true, accurate and complete. Further, I/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. I/We further declare that no material fact has been withheld and I/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. I/we understand that if I/we fail to disclose a material fact, I/we may also encounter difficulty in trying to purchase insurance elsewhere. **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. I/We understand that the cover under the policy will not be operative until 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. By signing this form, you confirm that you have brought this Data Protection Notice to the attention of all other persons specified in this form.

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.

I/We have read and understand the Data Protection Notice, the Declaration, the Important Notes and any other information relating to my/our rights.

KEEP ME POSTED

Do you wish to keep yourself updated with our products?

Yes ☐ No ☐

Please specify the format in which you prefer your copy of the Policy Document

Electronic ☐ Hard Copy ☐

I/We hereby acknowledge receipt of the Insurance Product Information Document which the insurer / intermediary furnished me with before completing this Proposal Form.

Name and Surname of Proposer(s) (BLOCK LETTERS) _____

If there is more than one proposer, then all persons must sign.

Signature of Proposer(s)

Date: / /

ID Card: _____

Name and Surname of Intermediary

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.

All sections must be completed.

THE PROPOSER

Name:		Client Account No.:	
Address:			
Tel. No:	Mobile:	E-mail:	
Date of Birth:	Place of Birth:	Nationality:	I.D. No:
Passport No:		Occupation:	

THE VEHICLE

Registration number:	Make & Model:	Variant:	Year of manufacture:	System No. on Logbook:
Engine number:	Type of body:	Number of passengers:	Current Mileage (kms):	
Chassis number:	Engine capacity:	Tonnage:	Colour:	Number of previous owners:
Brake horse power (bhp):	Turbo <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Electric <input type="checkbox"/> Liquefied Petroleum Gas (LPG) <input type="checkbox"/>			
Date of first registration: <input type="text"/> / <input type="text"/> / <input type="text"/>	Price paid:	Date of last service: <input type="text"/> / <input type="text"/> / <input type="text"/>	Particulate matter (g/km): (applicable to diesel engines)	
CO2 (g/km):	Gross, taxable weight of the vehicle:	Date of last VRT: <input type="text"/> / <input type="text"/> / <input type="text"/>	Proposer's estimate of present value including accessories:	
Is your vehicle: Right hand drive: <input type="checkbox"/> Left hand drive: <input type="checkbox"/> N/A: <input type="checkbox"/>			Date of Purchase: <input type="text"/> / <input type="text"/> / <input type="text"/>	
1. (a) Was the vehicle purchased overseas? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify from which country: _____ (b) If the vehicle has been acquired as second hand please state from whom it has been purchased: _____				
2. Where is the vehicle kept overnight? i. in a locked garage <input type="checkbox"/> ii. outside, but in your premises <input type="checkbox"/> iii. elsewhere (please specify street / parking area) _____				
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 yes, give details: _____				
4. (a) Is the vehicle in a good state of repair? Yes <input type="checkbox"/> No <input type="checkbox"/> (b) Has your vehicle ever been involved in an accident? Yes <input type="checkbox"/> No <input type="checkbox"/> (c) Has your vehicle ever been declared a total loss or beyond economical repair following an accident? Yes <input type="checkbox"/> No <input type="checkbox"/>				
5. Is the vehicle: (a) Registered in your name? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, give details: _____ (b) Owned solely by you? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, give details: _____ (c) The subject of a hire purchase agreement? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, give details: _____				
6. Do you use your vehicle overseas? If yes, specify countries and for how long. Yes <input type="checkbox"/> No <input type="checkbox"/> Specify Countries: _____ How long: _____				
7. Are you exempt from paying duty on the vehicle to be driven? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, state the amount of duty you are liable to pay (included in the estimate of present value): _____				
8. No entertainment cover will be in force unless the details requested in this section are provided. (Please also provide a copy of the relative receipt) (a) Please specify details of entertainment equipment fitted in the vehicle: Factory fitted <input type="checkbox"/> Non-factory fitted <input type="checkbox"/> None <input type="checkbox"/> (b) If entertainment equipment is not factory fitted, an additional charge will apply. Please provide: Serial Number: <input type="text"/>				
Make & model		Date of purchase <input type="text"/> / <input type="text"/> / <input type="text"/>	Value (limited to €350) € <input type="text"/>	
9. Is this vehicle a convertible? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of top:		

THE USE

Private Car ☐ Commercial Vehicle ☐ Motor Cycle ☐ Quad Bike ☐ Trial Run ☐ Hire Reward ☐

1. (a) Has the vehicle been altered or adapted to carry a load heavier than the manufacturer's standard design? Yes ☐ No ☐
 (b) Are You in possession of an operator's license issued by the Malta Transport Authority in terms of the Motor Vehicles (Carriage of Goods by Road) Regulations, 2003, or do you intend to apply for such a licence within the next twelve months? Yes ☐ No ☐

2. Will the vehicle be used for carriage of goods? Yes ☐ No ☐
 If Yes (a) Will the vehicle be used for own goods? Yes ☐ No ☐ (b) Will the vehicle be used for general carriage? Yes ☐ No ☐

3. (a) Do you carry or are you likely to carry any goods or materials which are of a hazardous nature (including, but not limited to, corrosive, toxic, poisonous, radioactive, infectious, explosive or inflammable goods, or any types of gasses)? Yes ☐ No ☐
 (b) Do you visit hazardous locations (including, but not limited to, chemical / oil / gas / refineries, power stations, bulk storage or production premises in the explosive, ammunition or pyrotechnic industries, military bases, airports / airside or in proximity to aircraft)? Yes ☐ No ☐
 If 'yes' to any part of this question, please provide full details in the space provided below:

4. Will the passengers be carried for hire or reward? Yes ☐ No ☐ No. of passengers:

5. Will the vehicle be used as a private mini-bus? Yes ☐ No ☐ No. of passengers:

6. State other uses of vehicle not listed above.

7. 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? If yes, please give full details: Yes ☐ No ☐

THE DRIVERS

1. Limited to yourself only? Yes ☐ No ☐

2. Limited to yourself and Spouse / Partner* only.
 *Within the meaning of the Civil Unions Act 2014. Yes ☐ No ☐

3. Yourself and named driver? (Complete in question 8) Yes ☐ No ☐

4. Limited to anyone aged 25 years or over? Yes ☐ No ☐

5. Limited to named drivers aged 21 years to 24 years? (Please complete in question 8) Yes ☐ No ☐

6. Limited to named drivers under 21 years? (Please refer to question 8) Yes ☐ No ☐

7. Limited to named drivers aged 18 to 24 years for **Commercial Vehicles?** (Please complete in question 8) Yes ☐ No ☐

8. DETAILS ON PERSONS AUTHORISED TO DRIVE THIS VEHICLE (questions 1 - 7)

*Note: Show in Extent of use column 'M' for main driver, 'R' for regular driver, 'O' for occasional driver.

Name of Driver/s	Occupation	Date of Birth	ID Card/ Passport No.	Driving License Group	Driving Experience (No. of Years)	Extent of use* (see note)
1. You the Proposer						
2.						
3.						
4.						

9. Has any person mentioned above had any accident / loss in connection with any motor vehicle, whether insured or not, in the last five years? Yes ☐ No ☐
 If yes, give details:

Date of Loss	Amount / Estimate of damages	Description of accident / loss	Drivers at time of accident
	€		
	€		

10. Have you or any authorised drivers:

a) Ever been prosecuted or convicted of any offence during

(i) the past 5 years

Yes

☐

No

☐

(ii) the past 10 years

Yes

☐

No

☐

b) Facing criminal proceedings?

Yes

☐

No

☐

c) Disqualified from driving?

Yes

☐

No

☐

d) Had the driving license revoked or Suspended?

Yes

☐

No

☐

e) Have any freezing orders?

Yes

☐

No

☐

f) Incurred penalty points?

Yes

☐

No

☐

11. Have you or any authorised drivers been driving during the past 12 months?

Yes

☐

No

☐

12. In respect of yourself or any authorised drivers, give details of any physical infirmity, defective vision or hearing, or any other medical condition which may impair the ability to drive.

13. Have you or any authorised drivers:

(a) Had an insurance proposal declined?

Yes

☐

No

☐

Refused Renewal?

Yes

☐

No

☐

Policy Cancelled?

Yes

☐

No

☐

(b) Required to carry an additional excess?

Yes

☐

No

☐

Pay extra premium?

Yes

☐

No

☐

(c) Had any special conditions imposed?

Yes

☐

No

☐

If yes, please state:

14. Are you entitled to a "no claims discount" from your previous insurers in respect of the vehicle in this proposal?

Yes

☐

No

☐

If yes, please specify which previous insurance company:

State "no claims discount" currently earned:

Please attach previous insurer's renewal notice or other evidence of no claims discount.

%

Would you like to transfer this no claims discount onto the vehicle related to this proposal?

Yes

☐

No

☐

INSURANCE COVER

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

☐

4. Do you have any other kind of insurance for this vehicle (Including gap cover)?

Yes

☐

No

☐

If yes give details:

OPTIONAL EXTENSIONS

1. If you are 21 years or over and have chosen a private vehicle comprehensive insurance policy do you wish to extend cover to include an alternative vehicle following loss or damage to your car?

€100

☐

€235

☐

2. If you are 25 years or over and you are entitled to 3rd year, 4th year or 5th year no claims discount, and have chosen a private comprehensive or private third party fire and theft vehicle cover, do you wish to protect your no claims discount?

Yes

☐

No

☐

* If you are entitled to 6 years no claims discount, your no claims discount is protected at no additional premium.

3. If your car is a commercial vehicle the policy excludes cover whilst the vehicle is being used as a tool of trade.

Cover can be purchased under a separate Motor Tool of Trade Liability policy. Do you require this cover?

Yes

☐

No

☐

4. Do you wish to extend your private or commercial comprehensive policy to include cover for earthquake?

Yes

☐

No

☐

5. Caravan / Trailers:

Make

Length (metres)

Yes

☐

No

☐

In private vehicles, the trailer is covered automatically. For commercial vehicles, an additional charge will apply.

OTHER POLICIES

1. Do you have any other policies with Citadel Insurance p.l.c.?

Yes

☐

No

☐

If yes, please specify:

2. Do you have any other insurances?

Yes

☐

No

☐

If so please state the following:

Type

Renewal Date

Type

Renewal Date

Motor Insurance

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INSURANCE PROPOSAL FORM

Citadel Insurance p.l.c. *Branches:*

Birkirkara | 2148 0545

Haż-Żebbuġ | 2146 4873

In-Naxxar | 2141 9198

Il-Mosta

Iż-Żejtun

Paola

| 2143 8880

| 2180 7779

| 2180 6247

Ta' Xbiex

Il-Mellieħa

Victoria, Gozo

| 2133 6911

| 2152 5232

| 2156 6660



Floriana | 2557 9000 - Freephone | 800 72322



info@citadelplc.com



citadelplc.com

Citadel Insurance p.l.c. • Casa Borgo • 26 Market Street • Floriana FRN 1082 • Malta

Citadel Insurance p.l.c. is a company authorised under the Insurance Business Act, Cap. 403, to carry on general and long term business of insurance and is regulated by the Malta Financial Services Authority.