



**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](mailto:motor@elmoinsurance.com)

## 1. POLICY HOLDER'S DETAILS

Name and surname/ Company name	<input type="text"/>	ID/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"/>
Occupation (including part-time)	<input type="text"/>	Telephone number	<input type="text"/>
		E-mail address	<input type="text"/>

## 2. 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"/>	Engine BHP/KW	<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"/>	Electric <input type="checkbox"/>	Other	<input type="text"/>
Colour	<input type="text"/>	Has the vehicle been modified or converted in anyway? <i>If yes, please give details below</i>			Yes <input type="radio"/> No <input type="radio"/>
	<input type="text"/>				

### 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"/>
Is your vehicle registered as vintage?	Yes <input type="radio"/>	No <input type="radio"/>			
Is your vehicle registered with red plates?	Yes <input type="radio"/>	No <input type="radio"/>			

## 3. USE OF THE MOTOR VEHICLE

### Private vehicle section:

Do you or your spouse own or have regular use of another vehicle?	Yes <input type="radio"/>	No <input type="radio"/>
Has the vehicle been modified or converted in any way? <i>If 'Yes', please give details below</i>	Yes <input type="radio"/>	No <input type="radio"/>
	<input type="text"/>	
Is the motor vehicle subject to a purchase agreement? <i>If 'Yes', state name and address of finance company</i>	Yes <input type="radio"/>	No <input type="radio"/>
	<input type="text"/>	
Will the vehicle be used solely for social, domestic, pleasure purposes and/or for your business, or that of your employer?	Yes <input type="radio"/>	No <input type="radio"/>
<i>If 'No', please give details below</i>	<input type="text"/>	
	<input type="text"/>	

**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*

**Commercial vehicle 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

**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	NUMBER OF YEARS DRIVING EXPERIENCE	DETAILS OF ALL ACCIDENTS OR LOSSES DURING PAST FOUR YEARS

Do you or any other driver have a valid Maltese or European driving licence? Yes  No

NAME OF DRIVER	COUNTRY	CATEGORY	EXPIRY DATE

**5. GENERAL QUESTIONS**

Is the vehicle used outside Malta for more than three trips or for more than 30 days during your insurance period? Yes  No

*If 'Yes', please give details below*

**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? *If 'Yes', do not specify the identity of the person who the answer relates to. Prior to processing your proposal form, we will require disclosure directly from the individual who the answer relates to.*

Yes  No

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*

**6. 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 Riot, Strikes & Civil Commotion

Yes  No

Inclusion of Overturning Risk whilst being used as a Tool

Yes  No

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**Applicable to Private Third Party Fire & Theft**

Loss of Keys

Yes  No

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**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 fire or theft?

Yes  No

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**Road side assistance** (Free on Comprehensive Cover)

Yes  No

## 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. MARKETING COMMUNICATION

We would like to use your details to send you information about our products.

In order to do so, we require your consent. You may provide us with your consent by indicating your preferences below

I hereby authorise Elmo Insurance Limited to use my details for marketing purposes as explained above

I would not like to receive marketing communication from Elmo Insurance Limited

If you do not provide us with your consent, this will not affect the provision or quality of any other service which we provide you with. You have the right to withdraw your consent at any time by sending an email to [info@elmoinsurance.com](mailto:info@elmoinsurance.com). If you do so, we will stop sending you marketing communication. The withdrawal of your consent to the use by Elmo Insurance Limited of your details for marketing purposes will not affect our processing of your personal data for purposes relating to your insurance contract as described in our Data Protection Notice.

## 9. DATA PROTECTION NOTICE

Elmo Insurance Limited is committed to protect the security of your personal data and to ensure that your rights according to the Data Protection Legislation are safeguarded. You may access our Data Protection Notice through the following link: [www.elmoinsurance.com/online-security](http://www.elmoinsurance.com/online-security).

## 10. DECLARATION

I confirm that I have read and understood the Data Protection Notice.

I declare that to the best of my knowledge and belief, the statements and information provided by me in this form are true, accurate and complete and that I have not withheld any material information from Elmo Insurance Limited. I understand that if any information provided by me in this claim form is incorrect or incomplete or if I fail to disclose any material information, Elmo Insurance Limited may repudiate this claim.

I also agree that any person filling in this claim form on my behalf shall for that purpose be regarded as my representative and not as a representative of Elmo Insurance Limited and that in such case, I remain fully responsible for the correctness and accuracy of the answers provided in the form.

I understand that Elmo Insurance Limited needs to process personal data concerning me or any other person insured or to be insured under the policy or who may claim under the policy, including personal data concerning health, in order to process, handle and/or settle this claim and I declare that I have no objection to such processing of personal data by Elmo Insurance Limited. I consent to the provision of any or all medical records relating to me or any or any other person insured or to be insured under the policy or who may claim under the policy to Elmo Insurance Limited as may be required for the purpose of the processing, handling or settlement of this claim. Consequently, I authorise any institution or person (including but not limited to doctors, nurses, surgeons, therapists, hospitals, clinics, laboratories and any other healthcare professional) to provide Elmo Insurance Limited with any information, including full medical records, reports or notes concerning me or any other person insured or to be insured under the policy or who may claim under the policy, in order for the validity of this claim to be established. Furthermore I authorise Elmo Insurance Limited to obtain from and/or share with other insurers and insurance intermediaries personal data concerning me or any other person insured or to be insured under the policy or who may claim under the policy, including personal data concerning health, in order to prevent, detect and/or suppress insurance fraud.

I wish the cover to commence on:

\*(The date cannot be before the proposal is accepted by Elmo Insurance)

Name & Surname (in block letters)

Signature

Date

**Elmo Insurance** provides its full services throughout a well supported branch network with convenient extended opening hours.

**HEAD OFFICE**  
Abate Rigord Street  
Ta' Xbiex XBX 1111  
2343 0000

**B'KARA BRANCH**  
218 Naxxar Road  
B'Kara BKR 9044  
2343 0322

**COSPICUA BRANCH**  
48 Bormla Gate  
Cospicua BML 2062  
2343 0301

**MELLIEHA BRANCH**  
160A Main Street  
Mellieħa MLH 2315  
2343 0308

**PAOLA BRANCH**  
Antoine De Paule 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

**VALLETTA BRANCH**  
Cassar & Cooper, 54 South Street  
Valletta VLT 1103  
2343 0316

**ŻEBBUĠ BRANCH**  
Mdina Road  
Żebbuġ ZBG 9017  
2343 0326/7

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