

# *Motor Insurance*

# Motor Insurance Proposal

## Proposer's Particulars

Name	Surname	
Address	Town	Postcode
Business Tel. No.	Home Tel. No.	Mobile Tel. No.
E-mail Address	Specific Occupation / Profession	
Date of Birth	Identity Card No. / Company's Registration No.	

## Period of Insurance

From: time	Date	To midnight of
<input type="text"/>	Day / Month / Year <input type="text"/> / <input type="text"/> / <input type="text"/>	Day / Month / Year <input type="text"/> / <input type="text"/> / <input type="text"/>

## Proposed Cover

"Third Party" <input type="checkbox"/>	"Third Party, Fire & Theft" <input type="checkbox"/>	"Comprehensive" <input type="checkbox"/>			
Own Damage Excess (applicable to "Comprehensive" cover only)					
Tick <input checked="" type="checkbox"/> the appropriate box	€200 <input type="checkbox"/>	€300 <input type="checkbox"/>	€400 <input type="checkbox"/>	€800 <input type="checkbox"/>	Other amount € ..... <input type="text"/>

## Details concerning the Vehicle(s) to be Insured

Registration Number	Make and Model	Type of Vehicle	Cubic Capacity	Year of Manufacture	Proposer's Estimate of Value including Accessories and Spare Parts	Seating Capacity including Driver	Approved Carrying Capacity

Please state whether the vehicle(s) is/are:

Duty Free .....	YES	NO
Left Hand Drive .....	<input type="checkbox"/>	<input type="checkbox"/>
Convertible .....	<input type="checkbox"/>	<input type="checkbox"/>

## Please provide a specific answer to the following questions

1. Is the vehicle(s) registered in your own name? If not, please state details of the registered owner:	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the vehicle(s) in good/usable condition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you obtained a Road Worthiness (M.O.T.) Certificate for the vehicle(s)? If yes, attach relevant copy. If no, give details:	<input type="checkbox"/>	<input type="checkbox"/>
4. Is/are the vehicle(s) classified by the manufacturer as a sports car or as having increased horsepower or capacity?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have any alterations been made to the original type of the vehicle(s)? If yes, give details	<input type="checkbox"/>	<input type="checkbox"/>

6. Do you intend to draw a trailer at any time with the vehicle(s)? YES NO  
*Please note that in accordance with the provisions of the Legislation, "Third Party" cover for such trailer is compulsory*    
 If yes, give details such as type of trailer and its registration number and tick ✓ the appropriate box (No. 8(a)) under the Additional Covers section.  
 If "Comprehensive" cover is also required for your trailer (Private Vehicles only) tick ✓ at the the appropriate box (No. 8(b)) under the Additional Covers section and state the value of such trailer, otherwise the cover to be provided will be restricted to "Third Party" only

7. Do you intend to rent the vehicle(s)? If yes, give details

8. Is/Are the vehicle(s) to be used for Motor Trade (\*) purposes? If yes, please provide details

(\*) *The term Motor Trade covers vehicles which are being used by professional people for the following purposes:*  
 (a) *Trading of motor vehicle(s), and/or*  
 (b) *Driving of motor vehicles for the purpose of exercising a profession for the offering of services to owners of motor vehicles, when such driving is necessary for such services.*

**Particulars concerning all Drivers of the Vehicle (including the Proposer)**

1. Tick ✓ if you require cover for any driver between 25 and 70 years of age and holder of a full driving licence for more than 2 years   
 2. In the case of named drivers under 25 or over 70 years of age or holders of a full driving license for less than two years, give details:

Driver's Name	Date of Birth	Identity Card No.	Specific Occupation	Date of Issue of Driving Licence	Country of Issue of Driving Licence	Place of Permanent Residence

**Please provide a specific answer to the following questions**

1. Have you, or any other person who will be driving, during the last three years, been driving regularly and do you hold the appropriate licence for the specific type of the motor vehicle to be insured? If no, give details YES NO
- 
2. Do you suffer now or suffered during the last four years from diabetes, epilepsy, heart problems, reduced vision or hearing or from any other disease or incapacity of body or mind? If yes, give details
- 
3. Has any insurance company or any insurer at any time and in connection with motor insurance in relation to you or any other person who will be driving the motor vehicle to be insured:
- a. Rejected any Proposal for Insurance? If yes, give details
- 
- b. Demanded increased premium or imposed special terms? If yes, give details
- 
- c. Refused to renew or cancelled any policy? If yes, give details
- 
4. Have you been convicted for negligent driving during the last three years? If yes, give details

5. Did you, or any other person who will be driving the motor vehicle to be insured, get involved in a road accident during the last three years? If yes, give details for each one of the drivers of the motor vehicle YES  NO
- 
6. Have you, or any other person who will be driving the motor vehicle to be insured, submitted a claim during the last three years to any insurance company as a result of a road accident? If yes, give details such as number of claims and claims cost for each one of the drivers of the motor vehicle
- 
7. Have you now or did you have in the past, an insurance policy in force covering any motor vehicle? If yes, state the name of the insurance company
- 
8. Will you, or any other person who will be driving the motor vehicle to be insured, use this vehicle for travelling abroad? If yes, give details such as countries of destination and frequency of such travelling
- 
9. Do you have in force any other insurance policies with our Company? If yes, give details
- 
10. Are you registered for VAT purposes? If yes, state number of VAT Registration
- 

**Please state any other material fact affecting or concerning the risk to be insured**

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**Details concerning the use of the vehicle(s) to be insured**

**A. Private Vehicle(s)**

State whether the vehicle(s) will also be used for business purposes by any person except the Insured

YES NO

**B. Goods Carrying Vehicle(s)**

State whether vehicle(s) will carry:

- (i) Own Goods  
(ii) General Cartage

**C. Motor Cycle(s)**

State whether for:

- (i) Private use  
(ii) Commercial use

**D. Motor Trade Vehicle(s)**

State whether:

- (i) Will also be used for private purposes by the named driver(s)  
(ii) Will be driven for trial purposes by the proposed purchaser accompanied by the Insured or his employee  
(iii) Will be driven for trial purposes by the proposed purchaser without being accompanied by the Insured or his employee

**E. Special Types of Vehicles**

Is the vehicle classified as:

- (i) Agricultural Tractor  
(ii) Other special vehicle type



## Additional Covers

In addition to the standard cover provided under the Motor Insurance Policy, our Company offers a series of optional additional covers. Please tick ✓ below the box corresponding to the additional cover that you wish to be added to your Insurance Policy, provided that such cover is available under the Proposed Cover already selected.

S/N	Additional Covers	"Third Party" Insurance		"Third Party, Fire & Theft" Insurance		"Comprehensive" Insurance	
		Private Vehicles	Commercial Vehicles	Private Vehicles	Commercial Vehicles	Private Vehicles	Commercial Vehicles
1	Extension of "Third Party" Cover for Driving Other Cars by the Insured*	✓		✓		✓	
2	Breakage of Glass in Windscreen or Windows - Cover to be provided up to the amount of	€200	€400	€400	€200	€100	€400
3(a)	Road Assistance Services**	✓	✓	✓	✓	✓	✓
3(b)	Accident Assistance Services	✓	✓	✓	✓	✓	✓
4	No Claim Discount Protection / Premium Loading Waiver						
5	Loss of Use of Vehicle						
6	Inclusion of Natural Perils (Flood, storm, hailstorm, hail etc)						
7	Personal Accident to the Insured - Maximum Compensation up to the amount of	€6.000	€6.000	€6.000	€6.000	€26.000	€26.000
8(a)	Extension of "Third Party" Cover for Trailers	✓		✓	***	✓	***
8(b)	Extension of "Comprehensive" Cover for Trailers						
9	Cover for Strike, Lock-out, Riot and Civil Commotion						
10	Loss of Personal Effects						
11	Replacement of Vehicle with New						



Provided at no extra charge

Not offered

\* Applicable to Insureds 23 years of age or older. Not applicable to joint-policyholders and Companies

\*\* Offered only in respect of vehicles with gross weight up to 5 tons. Not offered to special types of vehicles such as agricultural tractors, forklifts, cranes etc

\*\*\* Cover provided for trailers is restricted to "Third Party" only

## NOTICE - The Insured's attention is particularly drawn to the following

- That in case of transfer or agreement to transfer the ownership of the vehicle, the insurance cover is terminated.
- That in the event that you intend to draw any kind of trailer with your vehicle, you have the obligation in accordance with the provisions of the Legislation to obtain "Third Party" cover for such trailer.
- That the carrying of unlawful passengers is prohibited and that if such passengers are being carried you shall be personally responsible for their injuries.
- That if the vehicle is driven by an unauthorised driver or by a driver under the influence of intoxicating liquor or drugs, you shall be personally responsible for any claim that might arise as a result of such driving.

## Instructions for Premium Payment (Please mark ✓ accordingly)

- (1) Settlement in ONE instalment
- (4) Settlement in FOUR consecutive monthly instalments. (One-off charge €4.00)
- (7) Settlement in SEVEN consecutive monthly instalments. (One-off charge €10.00). This choice applies only for annual policies.

**Note: In all cases the 1st instalment is due for payment on or before the starting date of the Period of the Insurance.**

### BANKING MANDATE

For settlement of the above instalments via Direct Debit please complete and sign the specific Mandate, available at the Company's Offices or your Insurance Intermediary. For every Policy a separate Mandate must be completed.

## **Data Protection**

In accordance with the provisions of the General Data Protection Regulation (GDPR) (EU) 2016/679, as well as any other relating legislation, Commercial General Insurance Ltd (CGI), in its capacity as Controller, collects and processes personal data and/or sensitive data, for the purpose of providing the services requested by the Proposer under the present Policy. CGI may transfer personal data to a third party to the extent that this is required as a contractual necessity, on the ground of legal obligations and/or protection of its legitimate interests. The personal data will be recorded in an electronic or any other form to the personal data filing system(s), within the meaning of the Law, maintained by CGI or by any other company or person with which co-operation exists and/or an agreement is in force.

The recipients of the personal data shall be the duly authorised personnel of CGI and of any other company or person with which co-operation exists and/or a relevant agreement is in force. The processing of such data is confidential and shall be carried out only by persons acting under the direct or indirect authority of CGI. CGI has taken all appropriate measures to ensure that these persons follow the guidelines of the GDPR regarding the safe processing of personal data.

In relation to the personal data that CGI processes, the Proposers have the right to request:

- Access to their personal data.
- Correction of their personal data.
- Erasure of their personal data.
- That CGI stops processing their personal data.
- The Restriction of Processing of their personal data.
- The Transfer of their personal data to another party.

Proposers who wish to exercise their rights in accordance with the provisions of the GDPR or any other relating legislation or require further information as to the way CGI processes personal data may contact CGI's Data Protection Officer at CGI's Head Office at Commercial Union House, 101 Arch. Makarios III Avenue, 1071, Nicosia or through email at [DPO@cgi.com.cy](mailto:DPO@cgi.com.cy)

Further information regarding data protection can be found in CGI's Privacy Notice which is available at <http://www.cgi.com.cy>.

## **Sensitive Data**

Commercial General Insurance Ltd (CGI) collects health data through this Proposal, which amount to sensitive personal data, hence your consent is required in order to be entitled to process it. Processing of such personal data will allow CGI to underwrite the risk. Please note that you are not obliged to provide CGI with your consent and you also have the right to recall your consent at any time, after providing it, by contacting the Data Protection Officer of CGI. However, in the event that the Proposer refuses to authorise or objects to the processing of the personal data relating to him, CGI reserves the right not to accept the Proposal for insurance or terminate the insurance contract or reject any claim for compensation. Personal data will be retained for the minimum amount of time required under CGI's contractual or legal obligations.

### **Statement of consent (Please mark ✓ accordingly)**

- I agree to the processing of my sensitive personal data by CGI for the aforementioned purposes.
- I do not agree to the processing of my sensitive personal data by CGI for the aforementioned purpose.

### **Consent for Commercial Purposes (Please mark ✓ accordingly)**

I would like to be informed of any other insurance services or products offered by Commercial General Insurance Ltd (CGI) from time to time and, towards that, I give my consent that CGI processes my personal data for the purposes of promoting other insurance related services or products to me.

YES  NO

## **Declaration**

I hereby declare that the information provided in this Proposal is correct and that I have not concealed, distorted or misrepresented any fact. I also agree that this Proposal and Declaration shall be binding upon me, shall form the basis of this Policy between myself and Commercial General Insurance Ltd (CGI) and will be considered as forming part of the Policy to be issued.

I also declare that CGI and/or the Insurance Intermediary pursuing activities of insurance distribution on CGI's behalf, whose details appear below, has provided me with all the general, precontractual and other information required by the Law on Insurance and Reinsurance Services and Other Related Issues of 2016 and by the relevant Regulations, or any Law or Regulations substituting or amending the same.

I further declare that I have examined and fully understood all the information provided to me in accordance with the provisions of the above Law.

Signature of Proposer \_\_\_\_\_

Date \_\_\_\_\_

### **Note**

The Insurance will not be in force until the risk has been accepted by the Company and until a Certificate of Insurance has been issued and delivered to the Insured, with the exception of an official cover note which has been issued and delivered to the Insured. The Company reserves the right to reject any Proposal for Insurance.

Name of Insurance Intermediary:



**COMMERCIAL GENERAL INSURANCE LTD**

**Head Office:** Commercial Union House, 101 Arch. Makarios III Avenue, 1071 Nicosia  
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