



MOTOR VEHICLE PROPOSAL FORM

Argus Insurance Company (Europe) Limited

Unit G.04 West One
Europort Road
Gibraltar

Tel: +350 200 79520
Fax: +350 200 70942

NewClaimsNotification@argus.gi
www.argus.gi

All Material facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which is likely to influence an Insurer in the assessment and acceptance of the proposal form. If you are in doubt as to whether a fact is material then it should be disclosed to the Insurer. State any other material facts that you may believe to be relevant. Correct values at risk must be advised to us. If the Sums Insured you request or values you advise are not adequate this will result in the amount that we pay you in the event of a claim being reduced.

Please select the type of insurance being applied for.

- Private Car Motor Cycle Commercial Vehicle Taxi Classic Vehicle Motor Traders

1. PROPOSER DETAILS

Full Name / Company Name (Mr. / Mrs. / Ms.)	<input type="text"/>
Home / Company Address	<input type="text"/>
Correspondence Address	<input type="text"/>
Telephone Numbers / Mobile	<input type="text"/>
Date of Birth	<input type="text"/>
Email Address	<input type="text"/>
Occupation / Nature of Business	<input type="text"/>
Type of License	<input type="checkbox"/> FULL <input type="checkbox"/> PROVISIONAL
Country of Issue	<input type="text"/>
Date License was obtained	<input type="text"/>
Gibraltar Classic Car Membership #	<input type="text"/>
Date and Time of Commencement	<input type="text"/>

2. VEHICLE DETAILS

Comprehensive Third Party Third Party Fire & Theft

Registration No.	<input type="text"/>	Date of Purchase	<input type="text"/>
Make & Exact Model (GTI, TSI,TDI)	<input type="text"/>	Annual Mileage	<input type="text"/>
Body Type	<input type="text"/>	No. of fixed seats	<input type="text"/>
Engine Size (cc)	<input type="text"/>	Fuel Type	<input type="text"/>
Year of Manufacture	<input type="text"/>		

Are you the owner of the vehicle? YES NO

If "NO" explain why insurance is being arranged in your name:



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Does the vehicle have a current M.O.T.?
(If the vehicle is a classic car, proof of MOT certificate will need to be supplied)

YES NO

Estimated value including accessories
(For classic cars, the value needs to be supported by an automobile assessor's valuation & five recent colour photographs of different angles of the vehicle.)

£

Is the vehicle subject to finance, or hire purchase agreement?

YES NO

If "YES" please provide name of hire purchase company

Where the vehicle is kept overnight

Has the vehicle been fitted with an anti-theft device?

YES NO

If "YES" please provide details:

Has the vehicle been altered from the manufacturer's design of body or engine, other than to cater for any physical disability?

YES NO

If "YES" please provide details:

Is a Trailer cover required (Maximum cover available is Thrid Pary only whilst towing)?

YES NO

If "YES" please provide details:

Trailer Description

Serial / Registration No.

3. NO CLAIMS DISCOUNT

Are you or have you been insured as Policyholder in respect of any motor vehicle?

YES NO

If "YES" please indicate number of years insured and previous insurer's name, please attach NCD proof.



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4. NO CLAIMS BONUS PROTECTION

Do you require no claim's bonus protection?

YES

NO

(This option is only applicable for private cars and for drivers 30-70 years with a minimum of 5 years free of claims confirmed by your last insurers. Additional premium will apply.)

5. DRIVERS

Select the appropriate driving restriction you wish to apply to your vehicle

Insured Only

Insured & Named Driver

Insured & Any Driver, over 25-70

Insured & Any Driver, over 30-70

Please note all drivers under the age 25 and over 70 must be named on the policy

Named Drivers other than policy holder

Name in Full	D.O.B.	Occupation	Type of License (Full / Provisional)	Date License Obtained	Frequency of Driving (Main, frequent or infrequent)

Do you or any of the named drivers suffer or have suffered from a medical condition?

YES

NO

If "YES" please give the name of the driver and medical condition details below:

6. VEHICLE USE

Social, Domestic & Pleasure

Social, Domestic, Pleasure & Commuting (vehicles based outside Gibraltar)

Do you undertake carriage for third parties

Carriage of Goods

Motor Trade Purposes

Are passengers Carried for hire or reward?

Driving Tuition

Business

Is vehicle used for Public Services? (Taxi, Bus, private car hire...)



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Please provide details for all options selected above:

Will the vehicle be used within any secure areas where access is controlled by an airport or aerodrome authority, which are areas that are considered to be "airside"?

YES

NO

If "YES" please provide details below:

7. ACCIDENTS & LOSSES

Have you, or any person likely to drive the insured vehicle, suffered any loss during the past 5 years, or been involved in any accident or claim, irrespective of fault?

YES

NO

If "YES" please provide details in the table below:

Name of Driver	Incident Date	Circumstances of Accident	Was Driver deemed at fault?	Claim Amount
				£
				£
				£
				£
				£

8. DISQUALIFICATIONS & CONVICTIONS

Have you or any of the drivers incurred any driving convictions, cautions or fixed penalties in the past five years?

(You should also disclose any pending prosecution or police enquiry.)

YES

NO

Have you or any of the drivers ever been disqualified from driving or had any restrictions imposed?

YES

NO

Have you or any of the drivers been convicted during the past five years for any non-motoring offence?

(You should also disclose any pending prosecutions or police enquiry pending.)

YES

NO

Have you or any of the drivers ever had a previous policy cancelled, declined or refused renewal by another insurer?

YES

NO



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If you have answered "YES" for any of the above questions, please provide details on the table below:

Name of Driver	Date of Offense / Prosecution Conviction or Disqualifications	Details / Reason of Circumstances	Points / Fine or Period of Disqualification Imposed

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 Argus Insurance Company (Europe) Limited, PO Box 45, Unit G.04 West One, Europort Road, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

DATA PROTECTION - INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, and on payment of the appropriate fee, you have the right to access and if necessary rectify information held about you.

MARKETING

Argus Group and its agents may use your information to keep you informed by post, telephone, facsimile, e-mail, text messaging or other means about products and services which may be of interest to you. Your information may also be disclosed and used for these purposes after your policy has lapsed. By providing us with your contact details, you consent to being contacted by these methods for these purposes.

FRAUD PREVENTION

In order to prevent and detect fraud we may at any time: share information about you with other public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to: help make decisions about the provision and administration of insurance, credit related services for you and members of your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish with us other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

CLAIMS HISTORY

Under the conditions of your policy you must tell us about Insurance related incidents (such as fire, theft or an accident) whether or not they give rise to a claim.



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LAW APPLICABLE TO 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 Gibraltar, the law which will apply is the law of Gibraltar.

DECLARATION

Please read the Declaration carefully and then sign below. If there is more than one Proposer both should sign.

I/We declare that the answers given to questions asked in this Proposal are true and complete to the best of my/our knowledge and belief.

I/We understand that if I/we have not given full and true answers to all questions asked on this proposal that my/our insurance may not protect me/us in the event of a claim.

I/We understand that any material fact, which is information that may influence the Company in the acceptance of this insurance and the terms provided, has been disclosed and recorded.

I agree to accept and conform to the terms of the Policy when issued. A specimen copy of policy is available on request.

Signature of Proposer

Name:

Date:

No cover is in force until the Proposal has been accepted by Argus Insurance.