MOTORCYCLE PROPOSAL FORM



Motorcycle Proposal Form Important note: Please complete in BLOCK LETTERS and give a definite answer to each question.

| | Policyho | lder Details | | | | | | | | | |
|---|---------------------------------------|---|-------------------------|---|-----|--|-------------------|--------------------|----------------------|-----------------------|-------------|
| 1 | Title (Mr/Mrs/M | 1iss/Ms/other title) | | | 5a | Does the vehicle have | a foreign regist | ration number? | | YES | NO |
| | | | | | 5b | Registration number | lf unknown, s | tate reasons why | y (eg brand r | new vehicle) | |
| | Name and Suri | name | | | | | | | | | |
| | | | | | 6 | Year of Manufacture | 7 Make (eg Yan | naha) 8 | 3 Model & V | Variant (eg Ma | ajesty 400) |
| | Postal address | in full | | | | | | | | | |
| | r ustat auuress | infutt | | | 9 | Type of Body (eq Motor So | rooterl | 10 Weig | iht | 11 Colour | |
| | | | | | , | Type of Dody (eg Motor Sc | | To Weig | iit. | | |
| | | | | | | - | | | | | |
| | | | | Postcode | 12 | Engine CC | | 13 Engine BH | Р | | |
| | I de a tite : Oe ad es | Description | | | | | | | | | |
| | Identity Card o | r Passport No. | | | 14 | Vehicle Engine Type | | | | | |
| | | | | | | | diesel | electric | | | |
| | If passport plea | ase state date and pla | ce of issue | | | Is the vehicle equipped | d with a turbo c | harger? | | YES | NO |
| | | | | | 10 | Chassis Number | | | | | |
| | A.g.o | Date of Birth | Male/female | Marital Status (eg married, single, etc) | | | | | | | |
| | Age | Date of Birth | Male/Terriale | (eg marned, single, etc) | 17 | Engine Number | | 18 Number of s | eats (includ | ding driver) | |
| | | | | | | | | | | | |
| | Home phone n | umber | Daytime phone numb | er | 19 | Is your vehicle in a goo | od state of repa | ir and will it be | | YES | NO |
| | | | | | | so maintained? | | | | YES | NO |
| | Mobile Numbe | r | | | | Is it permanently fitted Is it a three wheeler? | l with a sidecar | ? | | YES | NO |
| | | | | | 200 | is it a till ee wheeter : | | | | 120 | No |
| | E-mail address | 5 | | | | Does it have a kicksta | rt? | | | YES | NO |
| | | | | | 22 | Estimated value | | | | | |
| | Company Nam | e (if applicable) | | | | | | | | | |
| | | | | | | IMPORTANT NOTE: Yo spare parts and docur | | | | | |
| | Company Regis | stration Number (if ap | plicable) | | | any grant allowed on t value regularly so tha | | | | | |
| | | | | | | is the maximum amou | | | eptace th | e venicce, w | men |
| | Client categori | es description | | | 23 | Date of purchase | | 24 Price paid | | | |
| | employed | household dut | ties in full or pa | rt-time education | | | | | | | |
| | retired | self employed | independen | t means | | | | | | | |
| | unemploye | d voluntary wor | k not employe | ed due to disability | 25 | Does the vehicle have equipment or other au | | | ent | YES | NO |
| | Main occupatio | n (describe) | | | 26a | Are you the owner of t | | | ered | YES | NO |
| | | | | | 200 | in your name? If 'no' | give reasons fo | r it being insured | | . 10 | |
| | Emplover's or o | own business (describ | el | | | your name and state t | the name of the | owner(s) | | | |
| | | | | | | | | | | | |
| | Part time accu | pation (if applicable) | | | 26b | Is the vehicle the subj | ect of Hire and | Purchase Agree | ment? | YES | NO |
| | | | | | | If you have replied 'ye | s' please give n | ame and addres | s of Finan | ce Company | у |
| | Date driving lic | onco obtainad | | | | | | | | | |
| | Date univility tic | | | | | | | | | | |
| | | | | | | | | | | | |
| | _ | | | | | | | | | | |
| | Vehicle D | etails | | | | | | | | | |
| | • | | hicle under your polic | y please complete a | 07 | | | | | VEC | NO |
| | | osal form for each veh n import not normally | | YES NO | | Have any changes bee (such as change of eng | | | | YES | NO |
| | | t? (Cover may be limite | | TES NO | | to cater for any physic | al disability? If | 'yes' give details | below | | |
| | | | nsurance adviser for de | | | | | | | | |
| | Is the vehicle n If 'no' please st | ormally kept at the sh ate address | own address? | YES NO | | Has a security device | heen fitted to th | e vehicle? | | YES | NO |
| | | | | | 200 | If 'yes' please attach a | copy of the Veh | | | 120 | No |
| | | | | | | Installation fitting cert | tificate | | | | |
| | | | | | 28b | Does the bike have AE | BS or Traction C | ontrol fitted? | | YES | NO |
| 4 | Where is the ve | ehicle normally kept o | vernight? | | | | | | | | |
| | garage | road yo | our driveway | | | | | | | | |
| | private lan | d carport co | ompound | | | | | | | | |

Use

A Motorcycle is used solely for social, domestic and pleasure purposes and for your business, that of your spouse or that of your employers or your spouse's employers. The policy shall not cover use for hire or reward.

29 Will the vehicle be used for:

| a. | professional driving tuition? | YES | NO |
|----|--|-----|----|
| b. | carriage of goods for hire or reward? | YES | NO |
| c. | motor trade purposes? | YES | NO |
| d. | will passengers be carried for hire or reward? | YES | NO |
| e. | will the vehicle be let out on hire? | YES | NO |
| f. | is vehicle used in any airside restricted area? | YES | NO |
| g. | is the vehicle used for racing, pacemaking, reliability trial, speed testing or off-roading? | YES | NO |
| h. | is the vehicle used outside Malta for periods exceeding 30 days in any one year? | YES | NO |
| i. | is the vehicle used on more than 3 trips outside Malta in any one year? | YES | NO |
| j. | please state other uses not mentioned above (if any) | YES | NO |
| | | | |

Cover may not be available for the above purposes under this policy

Motor Vehicle Driver(s)

30 The motor vehicle will be driven by: (Tick where applicable)

1. Yourself only

2. Yourself and your Spouse / Partner

Please state Spouse's / Partner's name

Spouse's / Partner's ID number

Spouse's / Partner's Date of Birth

3. Not applicable

- 4. Not applicable
- 5. Not applicable
- 6. Not applicable
- 7. Named Driver(s)

Details of who will drive.

Give details of ALL persons who to your knowledge will drive, including yourself. Note: Show in Extent of Use column 'M' for main driver, 'R' for regular driver, 'O' for occasional driver.

| Name of Driver | Extent of use (see note) | Date of Birth | Identity Card or Passport Number | Occupation | Extent of recent driving experience | Type of Driving Licence held | Details of all accidents or losses during the past 5 years |
|------------------|--------------------------------|---------------|-------------------------------------|------------|---|---------------------------------|--|
| You the proposer | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Cover

| 31 | Tick as required | | |
|----|------------------|--------------------------|---------------|
| | Third Party only | Third Party Fire & Theft | Comprehensive |

32 Roadside Assistance

Would you like to include the Road Side Assistance cover and the Assistance & Advice in the recovery of uninsured losses at an additional premium?

YES NO

33 Voluntary Excess

Not Applicable

No Claim Discount (NCD)

| | Applicable to comprehensive policies only. Insurance Details | | | | | |
|-------------|--|--|--|--|--|--|
| 34 | Do you currently have Motor insurance? YES NO | | | | | |
| | Have you held motor insurance in the last 2 years in your YES NO own name? | | | | | |
| | If you have answered 'YES' to any of the above please state name of present and/ or previous insurer, vehicle's registration mark and number of years with each. | | | | | |
| | | | | | | |
| 36 | Are you entitled to any No Claim Discount? | | | | | |
| 37 | If 'YES', would you like to transfer it to this policy? YES NO | | | | | |
| | If 'YES' please provide copy of last renewal notice you received or policy schedule and state: | | | | | |
| | Name of previous insurer | | | | | |
| | Policy Number | | | | | |
| | | | | | | |
| | Vehicle Registration Mark | | | | | |
| | Number of years free of claims | | | | | |
| | Number of years free of claims | | | | | |
| | Expiry or Cancellation date of Policy | | | | | |
| | | | | | | |
| | NCD % on last renewal NCD % on Renewal Notice | | | | | |
| | | | | | | |
| | | | | | | |
| | How many vehicles are owned or used by you and members of your household, including company vehicles? | | | | | |
| | | | | | | |
| | | | | | | |
| DI | including company vehicles? | | | | | |
| | | | | | | |
| ind | including company vehicles? ease complete the following information for ALL drivers | | | | | |
| ind | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) | | | | | |
| ind | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other | | | | | |
| ind | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive: | | | | | |
| ind 8 D | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive: a) obtained a valid driving licence? b) less than two years driving experience? VES NO Hedical Conditions | | | | | |
| ina 18 D | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive: a) obtained a valid driving licence? b) less than two years driving experience? YES NO | | | | | |
| ina 88 D | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive: a) obtained a valid driving licence? b) less than two years driving experience? VES NO b) less than two years driving experience? Do you or any of the drivers have (or have a history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, heart complaint or fits of any kind? Please give full details. If | | | | | |
| ina 88 D | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive: a) obtained a valid driving licence? b) less than two years driving experience? Do you or any of the drivers have (or have a history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, heart complaint or fits of any kind? Please give full details. If none state none. | | | | | |
| ina 88 D | including company vehicles? ease complete the following information for ALL drivers cluding yourself (whether you are a driver or not) riving Record To the best of your knowledge and belief have you, your spouse, or any other person you have stated will drive: a) obtained a valid driving licence? b) less than two years driving experience? VES NO b) less than two years driving experience? Do you or any of the drivers have (or have a history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, heart complaint or fits of any kind? Please give full details. If | | | | | |

If Transport Malta has restricted your licence to a suitably YES modified vehicle, have the appropriate modifications been carried out?

NO

40 Loss History

| Have you or any of the drivers had an accident or suffered | YES | NO |
|--|-----|----|
| damage, fire or theft losses involving a motor vehicle | | |
| in the past five years? | | |

If 'YES' please give full details below. (Space has been provided for two losses. If there have been more incidents please continue on another sheet of paper) Name of Driver

| | 1 | 2 | | |
|----|---|---|----------------------|-------|
| | Date of incident (day/month/year) | | | |
| | 1 | 2 | | |
| | Type of incident (e.g. head-on collision/t | hoft] | | |
| | 1 | 2 | | |
| | A | | | |
| | Amount of claim | 2 | | |
| | | | | |
| | Was the driver judged to be at fault? YES NO UNCLEAR ¹ | YES NO | UNCLEAR ² | |
| | Note: All incidents should be disclosed w the insurer concerned. | | | ed to |
| 41 | Convictions | | | |
| | Have you or any of the drivers incurred a convictions, or penalties in the past five (You should also disclose any pending pr If 'yes' please give full details below. | years? | YES Juiry) | N |
| | | | | |
| | | | | |
| | Have you or any of the drivers ever had t | hairlicanca | YES | N |
| | suspended, revoked or had any restricti are presently disqualified from driving? If 'yes' state which driver and the reason | ons imposed or | TE5 | N |
| | Name | Reason | | |
| 12 | Non-motoring ofference | | | |
| 42 | Non-motoring offences Have you or any of the drivers been conv the past five years of any criminal offenc (You should also disclose any pending pr | e? | YES juiry) | N |
| | If 'yes' please give full details below Name of driver | | | |
| | | | | |
| | | | | |
| | Details of offence | | | |
| | Details of offence | | | |
| | | | | |
| | Details of offence Date of conviction (month/year) | | | |
| | | | YES | N |
| | Date of conviction (month/year) Have you or any of the drivers ever had a | iewal? | YES | NO |
| | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer | iewal? | YES | NO |
| | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer | ewal? eason below ed to pay an | YES | NO |
| | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske | ewal? eason below ed to pay an rating increases)? | | |
| | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske increased premium (other than normal | ewal? eason below ed to pay an rating increases)? | | |
| 43 | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske increased premium (other than normal | ewal? eason below ed to pay an rating increases)? | | |
| 43 | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske increased premium (other than normal i If 'yes' please state name and give full re | ewal? eason below ed to pay an rating increases)? | | |
| 43 | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske increased premium (other than normal If 'yes' please state name and give full re Other policies Do you have any other policy with GMI? If 'yes' please give full details below | ewal? eason below ed to pay an rating increases)? eason below | YES | N |
| 43 | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske increased premium (other than normal If 'yes' please state name and give full re Other policies Do you have any other policy with GMI? | ewal? eason below ed to pay an rating increases)? eason below | YES | N |
| 43 | Date of conviction (month/year) Have you or any of the drivers ever had a policy cancelled, declined or refused rer If 'yes' please state name and give full re Have you or any of the drivers been aske increased premium (other than normal If 'yes' please state name and give full re Other policies Do you have any other policy with GMI? If 'yes' please give full details below | ewal? eason below ed to pay an rating increases)? eason below | YES | N |

Declaration

I/We understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/We have withheld no information material to the application whether the subject of an Application Form question or not. I/We agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so.

• I/We agree to accept and conform to the terms of the policy when issued.

 I/We undertake that the vehicle(s) to be insured shall not be driven by any other person who to my/our knowledge has been refused any Motor Vehicle Insurance or continuance thereof.

I/We understand that the information on this form, and about any incident I/We
may give details of, will be passed to the Malta Insurance Association so that they
can make it available to other insurers. I/We also understand that, in response to
any searches made in connection with this application or any incident I/we have
given details of, the Malta Insurance Association may pass to my/our insurer
information it has received from other insurers about other incidents involving
anyone insured to drive the vehicle covered under the policy.

Very Important

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 acceptance and assessment of the proposal e.g. a young or inexperienced driver or any offence, (including non-motor related offences such as fraud, robbery, theft or handling stolen goods) or prosecutions pending, or infirmities of any driver. If you are in any doubt as to whether a fact is material then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover please provide your insurer with details. State any material facts on a separate sheet and attach it to this application form.

A specimen copy of the policy wording is available on request. We recommend you keep a record (including copies of letters) of all information provided to us for your future reference. A copy of the completed application form will be supplied on request.

Data Protection Notice

GasanMamo Insurance Limited having company registration number C3143 and registered office at Head Office, Msida Road, Gzira, Malta, is the data controller of personal data held about you and/or other individuals to be covered under a policy. Within the context of this notice, "GasanMamo" means GasanMamo Insurance Limited and/or any of its affiliates, subsidiaries or associated entities. The data that you provide to us, including sensitive data, will be used for the administration of quotations and policies, insurance underwriting, for handling and settling claims, for management information and for the prevention and detection of fraud and other crimes.

We may collect information about other individuals, such as your family members including minors, whom you propose to insure or insure with us. Yours and other individuals' information may be collected and disclosed from/to associated companies, intermediaries, re-insurers and other entities for the conduct of insurance purposes and for our legitimate interest such as:

• Checks against publicly available information (like court judgements, or court orders) for assessing your application or at renewal or when issuing an endorsement. Similar checks may be made in assessing any claims made.

 Claims handling purposes where information may also be shared with other insurers either directly or via those acting for the insurer such as loss adjusters, surveyors, and investigators. In certain instances, we may require to be provided with further medical information from any doctor, hospital, clinic, laboratory or any related medical practitioner and healthcare providers.

 For research or statistical purposes, including to analyse how people use our websites, view our products, respond to our advertising and to improve our understanding of what customers need. For training purposes, to improve our services and their delivery, for example by recording telephone calls.

• To communicate with you about your quotation, product or service, including improvements we make to the ways you can access your information.

 To prevent, detect suppress and/or prosecute fraud where we may at any time share information about you with other organisations, regulatory and public bodies (if applicable overseas), undertake credit searches and additional fraud searches, check and/or file your details with fraud prevention agencies and databases (such as the Malta Insurance Fraud Platform).

• Third party suppliers or service providers to conduct certain business operations as per our outsourcing agreements.

If you give us information, including sensitive information, about other individuals, you confirm that they have given you their permission to provide their personal information to GasanMamo Insurance and for GasanMamo Insurance to process their personal information and also that you have told the individuals who we are and how we use their data, as set out in our Privacy Policy.

We will retain personal information for as long as it is necessary to fulfil the above mentioned purposes for which it was collected and for a period of time permitted by law in order to comply with our legal obligations and requirements.

You have the right to request access to the personal information we hold about you. In certain instances, you may withdraw your consent to our processing of your personal information or request that we restrict the processing of your information or erase your information. However, we may continue to process your personal information if we have a legitimate interest or a legal obligation to do so. To exercise these and other rights mentioned in GasanMamo's Privacy Policy, you may contact us by email on insurance@gasanmamo.com or by post to The Data Protection Officer, GasanMamo Insurance Limited, Head Office, Msida Road, Gzira, Malta. We will take all reasonable steps to confirm your identity before providing you with details of any personal information we may hold about you.

If you are not satisfied with the way GasanMamo processes your personal data, you can contact us as indicated above. If, after making a complaint to us, you are still unsatisfied you have the right to refer the matter to the Office of the Information and Data Protection Commissioner, Floor 2, Airways House, High Street, Sliema SLM 1549, Malta or via email on idpc.info@idpc.org.mt.

We recommend you read our full Privacy Policy for a better understanding of how we process data by visiting:

https://www.gasanmamo.com/company/legal/privacy-policy/.

We may amend this notice from time to time for example, to keep it up to date or to comply with legal requirements.

In completing all the forms related to your policy or claims, you are confirming your understanding and acceptance of all the terms set out in our Privacy Policy. We would like, on occasion to keep you informed of our products and services by electronic means.

Yes, I would like to receive marketing information.
 No, do not send me marketing information.

es, I would like to receive marketing information.

lo, do not send me marketing information.

We would like, on occasion, to keep you informed of related company products and services by mail or by electronic means.

| | 1 |
|--|---|
| | 1 |

You have a right to object to the processing of your personal data for marketing purposes. Please inform us accordingly if you do not wish to receive any marketing information. If you opt-out of receiving marketing information we may still use your contact details to convey important information regarding an

existing policy or claim or for us to comply with our regulatory obligations. By providing your email address to us, you specifically consent to receiving communications from us by electronic means.

I confirm that I have read and understood the contents and accept all the terms laid down in this proposal form. I hereby declare that to the best of my knowledge all the information provided is true and correct.

| Signature | Date | | | | |
|--|------|--|--|--|--|
| Date of inception of insurance | | | | | |
| No insurance will be in force until the proposal has been accepted by GasanMamo Insurance. | | | | | |
| For more information please contact: | | | | | |



Who are we?

GasanMamo Insurance Limited is a limited liability company registered in Malta (C3143). Our registered address is Head Office, Msida Road, Gzira GZR 1405, Malta.

GasanMamo Insurance Limited is licensed by the Malta Financial Services Authority (MFSA) to carry on business of general insurance. The MFSA address is Notabile Road, Attard BKR 3000, Malta.

Which Law is Applicable to your Contract?

Your insurance policies with GasanMamo Insurance Limited are Maltese contracts and will be governed by Maltese Law.

What can you do if you are not satisfied with GasanMamo Insurance Limited?

As a valued customer you are right to expect fairness and a swift and courteous service at all times. We recognise that sometimes you may be dissatisfied with our service.

To help us improve we would appreciate your honesty in telling us about your experience of our service. Your feedback will make all the difference.

What you should do

Step 1. Please speak to your usual insurance advisor or your GasanMamo Insurance Ltd contact.

Step 2. If you remain dissatisfied or you feel your complaint remains unsolved please write to the Managing Director, GasanMamo Insurance Ltd, Msida Road, Gzira GZR1405 or by email on insurance@gasanmamo.com giving us your policy or claim number in any correspondence.

Step 3. If, after making a complaint to us, you are still unhappy and feel the matter has not been resolved to your satisfaction you have the right to refer the matter to the Office of the Arbiter for Financial Services, N/S in Regional Road, Msida MSD 1920 or email on complaint.info@financialarbiter.org.mt.

Following these procedures will not affect your right to take legal action.

How we communicate

You may communicate with us verbally or in writing, in English or Maltese. The placing of insurance is always done by means of durable medium. Documentation relating to the contract of insurance and to claims shall be in English. Should you receive a translated version, the English version will prevail.

By providing your email address to us, you consent to receiving communications from us by electronic means. Should you wish to receive information from us by means of paper copy you are kindly requested to contact us to let us know of your preference.

How we treat your personal data

The privacy and security of your personal information is important to us. Please refer to the Privacy Policy section on our website https://www.gasanmamo.com/ for further information. This policy may be amended by the company from time to time to keep it up to date or to comply with legal requirements. Kindly ask your usual insurance advisor if you would like to receive a hard copy of our Privacy Policy.

What Protection & Compensation is there for Policyholders?

Under the Protection and Compensation Fund Regulations 2003 should the company be unable to meet all its liabilities, compensation may be available. Further information may be obtained by visiting the MFSA website: https://www.mfsa.mt/

Remuneration of intermediaries and employees

Insurance intermediaries and some GasanMamo employees may receive a commission which is included in the insurance premium.

Are there any charges or fees applicable in addition to the insurance premium charged by GasanMamo Insurance Limited?

Yes, the charges applicable are as follows:

| All Personal Insurance policies | €6.00 |
|--|-------|
| All changes to Personal policies (admin. charge) | €6.00 |

Motor Insurance

Insurance Product Information Document

GasanMamo Insurance Limited is authorised under the Insurance Business Act and Regulated by the Malta Financial Services Authority

Company: GasanMamo Insurance Ltd

This is a summary of our insurance policy. You will find all the terms and conditions, along with other important information, online and in the policy document.

What is this type of insurance?

Motor Insurance provides the compulsory cover you need to drive a motorcycle on a road. It also offers additional benefits depending on the cover you choose.

What is insured?

Third Party Only

- Damage to other people's property, and compensation for other people's death and bodily injury, if you are at fault.
- Continental use we will provide the necessary cover to comply with the laws of compulsory insurance while you are driving in any designated state.
- ✓ Legal costs (incurred with our consent) in connection with a claim made against you.
- Emergency treatment resulting from an accident involving your motorcycle.
- ✓ While your motorcycle is under the control of another person – we will continue to give you the full protection of this policy when your motorcycle is in the hands of a member of the motor trade for service or repair.

Third Party Fire & Theft

As above, plus:

- Loss of (or damage to) your motorcycle, including accessories and spare parts relating to your motorcycle, following fire or theft.
- ✓ Removal & Protection we will pay up to €350 to recover your motorcycle and take it to the nearest suitable repairer.
- New motorcycle concession if you or your spouse have owned your motorcycle from new, and it's written off or stolen and not recovered within 12 months from purchase, we will replace it with a new motorcycle of the same make, model and specification.
- ✓ Medical expenses if you or any passenger of your vehicle is injured as a direct result of your motorcycle being involved in an accident, we will pay up to €500.
- Foreign Use covers you while driving in any designated state up to 30 days (provides same cover as that given at home).

Comprehensive

All of the above, plus:

- Accidental damage cover for your motorcycle.
- Uninsured driver promise If you're hit by an uninsured driver and it wasn't your fault, you won't lose your no claim discount and we'll refund your excess.
- ✓ Personal Accident up to €5000.

Optional Cover (all covers)

Roadside Assistance cover.

Optional Cover (Comprehensive & Third-Party Fire & Theft)

• Motor legal expenses – if there is an accident or incident which is not your fault, we will pay up to €1000 in respect of legal costs.

What is not insured?

Main exclusions only

Product: Motorcycle Policy

- X Any claim if any person insured under this policy does not keep to the terms, exceptions and conditions of this policy.
- X Any accident, injury, loss or damage while the motorcycle is being driven by a driver who is found to be over the prescribed limit for alcohol or is driving whilst unfit through drink or drugs or fails to provide a sample of breath, blood or urine when required to do so, without lawful reason.
- Loss or damage to audio-visual equipment (other than factory fitted) and portable GPS navigation devices and mobile telephones.
- Loss of use or other indirect costs such as travel costs or loss of earnings.
- Storage costs insured while the motorcycle is awaiting the commencement of repairs.
- Loss or damage to your motorcycle were possession is obtained by trickery.
- Loss or damage arising from confiscation or requisition or destruction by or under order of any Government or Public Authority.
- Loss or damage caused from incorrectly fueling your motorcycle.
- X Loss or damage caused by insects or vermin.
- Any accident, injury, loss or damage while any motorcycle is being used for purposes not described on your certificate of motor insurance or being driven by somebody not permitted to drive (or not having a correct and valid driving license or disqualified from obtaining a driving license).
- X Any liability which you have accepted solely by an agreement.
- X Any consequence of war or terrorism except so far as necessary to meet the requirements of legislation.
- Any liability, accident, injury loss or damage arising out of your motorcycle being used for racing, pace-making, reliability trial. speed testing or off roading.
- Any liability, accident, injury loss or damage if at the time of the accident the number of passengers carried on your motorcycle exceeds the number indicated on your policy schedule.
- Any liability, accident, injury loss or damage in respect of your motorcycle in relation to which you have entered into any contract of sale or purported contract of sale.
- Repair or replacement of your motorcycle which improves its condition before the loss or damage occurred.
- X Loss of value following repair.
- Damage arising from, wear and tear, mechanical, electrical, electronic breakdown, computer and equipment failure or malfunction or gradual deterioration.
- X Loss or damage arising from theft whilst the ignition keys have been left in or on the motorcycle.
- X Loss or damage to helmets and protective clothing.
- ★ Loss of or damage to accessories and spare parts by theft if your motorcycle is not stolen at the same time.





What is not insured? Continued ...

- Any liability, accident, injury, loss or damage if at the time of the accident the motorcycle was involved in the carriage of hazardous goods other than Liquified Petroleum Gas (LPG) cylinders up to 50kgs in total.
- Any loss (multiple or single losses), damage, liability, cost, expense, fines, penalties, directly or indirectly caused by or in connection with an epidemic or pandemic or infectious and communicable disease, virus, bacterium or other microorganism.
- Any loss, damage, liability, cost, expense of whatsoever nature directly or indirectly caused by, contributed to by, resulting from, arising out of or in connection with any cyber act or cyber incident.
- Any liability however arising from charging stations, whether for public use or otherwise, including from any ancillary equipment such as cables and plugs, unless your vehicle is connected to such equipment for charging when liability arises.
- Any liability, accident, injury, loss or damage arising from a deliberate act by you or any person driving or using your vehicle.

Are there any restrictions on cover?



- For own damage claims, the most we will pay is the replacement value or the value you declare (whichever is less) of your vehicle at the time of the loss.
- New motorcycle concession is available when the cost of damage or repair exceeds more than 70% of its list price when purchased (including registration tax plus VAT) or if its stolen and not recovered. If you do not want us to replace your motorcycle or do not meet the qualifying criteria, the most we will pay is the market value or sum insured (whichever is less) for your motorcycle at the time of the loss or damage.
- ! An excess will apply to most claims.
- **Optional Cover restrictions**
- Roadside Assistance cover is not extended automatically when travelling overseas.



Where am I covered?

This policy provides the minimum liability cover you need by law for your vehicle when using it in Malta and any EU member state as well Switzerland, Norway, Iceland, Liechtenstein, United Kingdom, Andorra, San Marino, Vatican City, Monaco, Serbia, Bosnia Herzegovina and Montenegro. Own Damage cover applies only for a limited period when overseas.



What are my obligations?

- You must take reasonable care to give us complete and accurate answers to any questions we ask whether you are taking out, renewing or making changes to your policy.
- You must tell us immediately if you become aware of any changes to your circumstances which may affect this insurance or any other material facts.
 - You must observe and fulfill the terms, provisions, conditions and clause of this policy failure to do so could affect your cover
- You must tell us about any event which might lead to a claim as soon as reasonably possible.
- If you need to make a claim, you must give us all the information we need to achieve a settlement or pursue a recovery.



When and how do I pay?

You may pay your premium by credit/debit card, internet banking, in cash or by cheque.



When does cover start and end?

From the commencement date you select until the expiry date (both shown on your certificate & schedule).



How do I cancel the contract?

You may cancel this policy as long as you are able to present evidence that your motorcycle has been transferred to a new owner, or insured by another insurer, or else that the motorcycle has been registered as "garaged", "scrapped" or "exported" in accordance with any Transport Malta rules and regulations effective at the time of cancellation. You are required to return your certificate of motor insurance to us. Unless you have made a claim during the current period of insurance, we will calculate the charge for the expired portion of your insurance using our short period rates to the date we receive your certificate of motor insurance and refund any amount due to you.



Head Office:

Msida Road, Gżira GZR 1405, Malta Tel: 2134 5123 Fax: 2134 5377 insurance@gasanmamo.com gasanmamo.com

Branches:

B'Kara • Mellieħa • Mosta • Mrieħel • Paola • Ħal Qormi • Rabat • Tas-Sliema • Valletta GasanMamo Insurance Limited is authorised under the Insurance Business Act and regulated by the MFSA

GMMC 08/24