10. Premium Deductions

a) **No Claims Discount**

i) Are you insured in respect of any other motor vehicle? Yes ☐ No ☐

ii) Are you entitled to No Claims discount from previous insurer? Yes ☐ No ☐

If 'YES' please give name of Insurer

and Policy No.

b) **Excess**

Do you wish to increase your excess

by Lm 25 ☐

by Lm 75 ☐

by

for a reduction in the premium?

c) **Do you have a Household Insurance Policy with SOVAG?** Yes ☐ No ☐

d) **Other**

If you have any other vehicles insured with us indicated hereunder their Registration Numbers

Declaration

I/We declare that the information given in this Motor Insurance Proposal is to the best of my/our knowledge and believe it is correct and complete in every detail and will be the basis of the contract between me/us and SOVAG

Signature _____

Date: / /

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents, and Insurance Associations.

Send the complete form and documentation to:

CORDINA INSURANCE AGENCY LTD.
55, Kingsway Palace
Republic Street
Valletta VLT04

Motorprojan03

SOVAG

SCHWARZMEER UND OSTSEE
VERSICHERUNGS-AKTIENGESELLSCHAFT
SOVAG
Hamburg Germany
(Est. 1927)

Vehicle Insurance Proposal Form

Very Important

You are reminded of the need to disclose any facts that the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts to whether these facts are relevant, please ask your Agent. Failure to disclose any relevant facts may invalidate your policy or may result in your policy not operating fully. Special terms, including premium loadings, are required for sports or supercharged cars and may be required for features such as age of vehicle or driver, physical infirm, driving inexperience or an unfavourable record.

NOTE: No cover attaches until the Company has accepted this proposal and has issued a Certificate of Insurance or Cover Note.

Malta Agents & Attorney

CORDINA INSURANCE AGENCY LTD
55, Kingsway Palace
Republic Street
Valletta VLT04
Tel. 21224702 - 21241491
Fax. No. 21225544
E-mail: cordbros@excite.com
Website: http://go.to/cordina

cia INSURANCE

1. Particulars of Proposer

Name & Surname

Address

I.D. Card No Occupation

Tel. No. Mobile No. Date of Birth

E-mail Vat No.

2. Particulars of Vehicle to be insured

Make Model Body

Reg. No. Year of Manufacture Value*

Cubic Capacity Horse Power Carrying Capacity

Seats Colour

Engine No. Chassis No.

Date of Purchase Price Paid

***Important Note:** This is the maximum value payable under the policy, however if the market value at the time of loss is lower than this amount then such determined value will be in the absence of any proof otherwise provided by you.

3. Cover Required

Please indicate type of vehicle: Private Car ☐ Commercial Car ☐ Motorcycle ☐ Other ☐

Comprehensive ☐ Third Party Fire & Theft ☐ Third Party Only ☐

4. Period of Insurance

From to

5. Authorised Drivers

☐ 1. The Insured only
☐ 2. The Insured and spouse
☐ 3. The Insured any person aged 25 years or over
☐ 4. The Insured any person aged 21 years or over
☐ 5. The Insured any other authorised driver
☐ 6. The Insured and any person in the Insured's employment or driving on his order or with his permission.
☐ 7.

6. Ownership of Vehicles

Are you the owner of the vehicle? Yes ☐ No ☐

If you have answered 'NO', please state the name in whose name the vehicle is registered.

If the vehicle is being acquired under a Hire Purchase Agreement, please state the name of the Finance Company

7. Purpose of Use

a) Will the vehicle be used for:

i) Social Domestic and Pleasure Purposes Only? Yes ☐ No ☐

If you have replied "NO" to the above please complete the following:

i) For what purpose will the vehicle be used?

ii) Give a general description of the goods carried.

iii) Will the goods be carried for hire & reward? Yes ☐ No ☐

iv) Will passengers be carried for hire & reward? Yes ☐ No ☐

v) Will the vehicle be let out for hire? Yes ☐ No ☐

8. Driving Record

Have you or your spouse (whether or not either driving) or any other driver to whom this insurance apply:

1. has a proposal declined, a policy cancelled or renewal refused or been required to pay an increase in premium or had special conditions imposed by any more insurer? Yes ☐ No ☐
2. any physical or mental indemnity or suffer for defective vision or hearing? Yes ☐ No ☐
3. been convicted of any motoring offence or had licence suspended during the last five years or is any prosecution pending? Yes ☐ No ☐
4. had any accident and/or claim during the last 36 calendar months in which such person drove a motor vehicle? Yes ☐ No ☐
5. less than two years' driving experience Yes ☐ No ☐

If you have replied 'NO' in any of the questions give details

9 . Extra Benefits

a) Caravan/Trailer Extension ☐
b) Increase Third Party Loss of Use ☐
c) Strikes, riots and civil commotion extension ☐
d) Flood extension ☐
e) Replacement Car ☐
f) NCD Protection ☐
g) Radio/Cassette Equipment Extension ☐ Value of Radio: