

MOTOR INSURANCE

Proposal Form



POLICY NO.

QUOTE NO.

DETAILS FOR PROPOSER AND DRIVERS

THE PROPOSER

FULL NAME

ADDRESS

OCCUPATION / TRADE : DATE OF BIRTH : DD / MM / YYYY

PHONE: (H) (M) (F)

E-MAIL : NIC / PASSPORT NO. :

CERTIFICATE OF INCORPORATION NO. : VAT NO. :

DO YOU HOLD A VALID DRIVING LICENCE?

YES NO IF NO, DO YOU HOLD A PROVISIONAL DRIVING LICENCE? YES NO

LICENCE NO. DATE OF ISSUE (FIRST LICENCE) : DD / MM / YYYY

OTHER DRIVERS

THE MOTOR VEHICLE BE DRIVEN BY?

SELF ANY OTHER DRIVER NAMED DRIVER

If ticked, please specify in the table below :

Name, Age, Occupation & Driving Experience

NAME	AGE	OCCUPATION	DRIVING EXPERIENCE

OWNERSHIP

WAS THIS MOTOR VEHICLE PURCHASED AT AN AUCTION SALE? YES NO

DOES ANY PARTY OR COMPANY HAS ANY FINANCIAL INTEREST IN THE MOTOR VEHICLE? YES NO

If yes, please state Name and Address of the party or Company

.....

..... AMOUNT OF LOAN DUE :

WAS THIS MOTOR VEHICLE PURCHASED "DUTY FREE" ? YES NO

IF YES,

WAS THE MOTOR VEHICLE ACTUALLY BOUGHT FOR YOUR **OWN** USE UNDER YOUR **OWN** ENTITLEMENT TO A DUTY FREE

VEHICLE? YES NO

DRIVING HISTORY

HAVE YOU OR ANY OF THE ABOVE DRIVERS HAD ANY ACCIDENT OR LOSS REGARDLESS OF BLAME, DURING THE LAST 3 YEARS WHETHER INSURED OR NOT?

YES NO

DATE OF ACCIDENT	INSURER	CIRCUMSTANCES OF ACCIDENT	AT FAULT	NOT AT FAULT

HAVE YOU OR ANY OF THE ABOVE DRIVERS BEEN DISQUALIFIED OR HAD ANY FINE, LICENCE ENDORSED OR CONVICTION IN THE PAST 5 YEARS?

YES NO

If yes, please give details

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.....

HAVE YOU OR ANY OF THE ABOVE DRIVERS HAD ANY PROSECUTION PENDING FOR ANY OFFENCE IN CONNECTION WITH A MOTOR VEHICLE?

YES NO

If yes, please give details

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HAS THE MOTOR VEHICLE YOU PROPOSED TO INSURE EVER BEEN INVOLVED IN ANY ACCIDENT OR LOSS REGARDLESS OF BLAME?

YES NO

If yes, please give details

INSURANCE HISTORY

HAVE YOU EVER BEEN INSURED IN RESPECT OF ANY MOTOR VEHICLE?

YES NO

If yes, please give details below

INSURER :

REGISTERED NUMBER : PERIOD OF INSURANCE :

TYPE OF COVER :

WHY WAS THE INSURANCE DISCONTINUED?

HAS ANY INSURER EVER :	YES	NO	If you have answered yes to any question, please give details
Declined your proposal?			
Required any increase in premium or impose any special conditions?			
Refused to renew your policy?			
Cancelled your policy?			

HEALTH HISTORY

DO YOU OR ANY OF THE ABOVE DRIVERS SUFFER FROM DIABETES, EPILEPSY, HEART CONDITION, DEFECTIVE VISION OR HEARING, OR ANY PHYSICAL OR MENTAL DISABILITY, INFIRMITY OR DISEASE?

YES NO

If yes, please give details

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DETAILS OF THE MOTOR VEHICLE

THE MOTOR VEHICLE

REG. NO	MAKE AND MODEL	TYPE OF VEHICLE	COLOUR	YEAR OF MAKE	SEATING CAPACITY (Including driver)
CHASSIS NO.		ENGINE NO.		ENGINE CAPACITY	

ACCESSORIES

ACCESSORIES	MAKE AND MODEL	VALUE (Rs)****
CD PLAYER		
SPEAKERS		
CENTRAL LOCKING		
ALARM		
ALLOY RIMS		
OTHERS:		
TOTAL		

**** It is hereby understood that such value/s is/are included in the "Total Estimate of Value" mentioned below.

TOTAL ESTIMATE OF VALUE

Proposer's Motor Vehicle total estimate of value : Rs

ARE REGISTRATION FEES INCLUDED IN THE MOTOR VEHICLE'S TOTAL ESTIMATE OF VALUE ABOVE?

YES NO

GENERAL INFORMATION

GIVE FULL PARTICULARS OF ALL PURPOSES FOR WHICH THE MOTOR VEHICLE WILL BE USED :

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WILL THE MOTOR VEHICLE BE KEPT IN A GARAGE?

YES NO

If No, give details and if Yes, state type of construction and address of garage.

.....
.....

DETAILS OF THE MOTOR VEHICLE

PLEASE TICK COVER REQUIRED :

1. COMPREHENSIVE 2. THIRD PARTY AND FIRE 3. THIRD PARTY ONLY 4. THIRD PARTY, FIRE AND THEFT

Comprehensive

Besides covering the entire set of benefits of the Third party option, Comprehensive insurance also covers any loss or damage caused to the vehicle due to accident, fire, explosion, lightning, theft, riots and strikes among other insured occurrences.

Third Party

Third party insurance provides cover for the damage that your vehicle accidentally causes to other people's vehicles, property, bodily injury or death.

IF YOU HAVE OPTED FOR COMPREHENSIVE COVER, DO YOU WISH TO INCLUDE :

CAR OCCUPANTS COVER YES NO

LOSS OF USE COVER YES NO

TRAILER (THIRD PARTY COVER) YES NO

If yes,

Monetary limit per day : Rs (Only if a replacement car of equivalent engine capacity cannot be provided)

24HR TOWING AND BREAKDOWN SERVICE YES NO

IMPORTANT :

The following "Excess" is applicable whenever you make a Claim for Own Damage under Part 1 of your policy.

In case of Damage to your Vehicle not amounting to a Total Loss thereof: Rs

In case of Total Loss &/or Theft of your Vehicle, whether Actual or Constructive: Rs

The "Excess" is applicable whenever a claim is made under your Policy, irrespective of your being responsible or not for the accident.

DECLARATION AND AUTHORISATIONS

UNDERTAKINGS

I/We warrant that the above statements made by me/us or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed by me/us.

I/We undertake that the Motor Vehicle to be insured will not be driven by any person who to my/our knowledge has been refused Motor Vehicle insurance or continuance thereof and declare that the Motor Vehicle is in a sound and roadworthy condition.

I/We agree to accept any compulsory excess limit to which The Mauritius Union Assurance Cy. Ltd may apply in relation to the proposed insurance and that the proposal and this declaration be incorporated in and made the basis of the proposed contract of insurance between The Mauritius Union Assurance Cy. Ltd. and me/us.

AUTOMATIC RENEWAL

Would you like Automatic Renewal for this policy? YES NO

INTRODUCTORY AGENT

I/We hereby certify that Mr/Mrs/Miss
is acting as my sole introductory agent.

GO GREEN

Authorisation to receive electronic communications

Would you like to receive emails from MUA with information on our products/service, competitions, promotional offers and exclusive client discounts?

I/We would agree that my Renewal Notices, Insurance Policies, Statement of Accounts and any correspondence pertaining to my policy be sent to the email address specified above. Consequently, I will no longer receive hard copies of my insurance documentation.

I/We understand that MUA Ltd including its subsidiaries and associates ("MUA") will use reasonable means to protect the security and confidentiality of information sent and received electronically. I am aware of the risks inherent to the emailing of documents, including but not limited to, documents being intercepted or misdirected to wrong recipients.

I/We undertake to hold MUA and/or any of its agents harmless against claims or demands and/or any consequences arising from the execution of the present instruction. I further undertake not to enter any action against the company and hereby irrevocably renounce to any rights I may have in relation to the present instruction.

With this registration, I am also entitled to send MUA my supporting documents by e-mail. I understand that my original documents will still be necessary for customer due diligence, claims or other specific cases.

I/We will be responsible for updating the designated e-mail address provided, as and when necessary. The present authorisation will remain valid until written revocation by me.

DATA PROTECTION

Data collection, retention & disclosure

The Applicant acknowledges, understands and agrees that MUA Ltd including its subsidiaries and associates (MUA) shall, for the performance of its obligations hereunder, collect and where necessary or required, process and store personal information which the Applicant hereby voluntarily discloses to it (the "Personal Data") for as long as is necessary to fulfil the purposes for which it was collected, including for the purposes of satisfying any legal, accounting or reporting requirements. MUA has a legal obligation to store basic information about its customers for ten year, except for specific loans cases or "les actions réelles" where it is thirty years, after they cease being customers. MUA undertakes to treat the Personal Data confidentially and securely in line with the provisions of the Data Protection Act 2017, (DPA) as amended from time to time.

MUA undertakes not to reveal or otherwise disclose the Personal Data to any external body, unless:

1. it has obtained the express consent of the Applicant(s), or
2. it is under either a legal obligation or any other duty to do so, or
3. the Personal Data is disclosed to any agent, service provider, professional adviser or any other person under a duty of confidentiality towards MUA.

The Applicant expressly acknowledges and agrees that the Personal Data may be shared within MUA solely for providing the Applicant with information about products that may be of interest to him/her.

Your rights

Pursuant to the provisions of the DPA and subject to the prescribed fee (if any) the Applicant acknowledges that he has, in relation to his Personal Data which is in the custody or control of MUA, the right:

1. to access to, to request rectification and erasure;
2. to object to the processing;
3. to withdraw consent at any time, without affecting the lawfulness of processing based on the consent which he had provided prior to his withdrawal.

Transfer to the Insurers Association of Mauritius (“IAM”) for General Insurance Business

The Applicant understands and agrees that Personal Data shall be sent to the Insurers' Association of Mauritius and exchanged between relevant insurers through a common exchange portal at the time of a claim solely and exclusively for the purposes of the claims handling and recovery process. Transfer outside Mauritius

I/We expressly acknowledge and agree that the foregoing disclosures may require that the Personal Data be transferred to parties located in countries which do not offer the same level of data protection as the Applicant's home country.

Complaint

Should I/We wish to exercise any of the aforementioned rights or should I/We have any queries relating to the processing of his/her Personal Data, I/We may contact MUA Data Protection Officer at DPO@mua.mu. For more information on how your privacy is protected, please consult our MUA Data Protection Policy.

In case you are not satisfied with the reply provided, you may refer the complaint to the Data Protection Commissioner.

I/We acknowledge that the consent given in this Form applies to all Personal Data provided to MUA as from now on.

Full name of client:

Signature:

Date:

FOR OFFICE USE ONLY

ACCOUNT NO. :	TYPE			RATING
PROCESSED BY :	PC	CV	MC	
APPROVED BY :				
PERIOD OF INSURANCE REQUIRED : FROM : TO :				