



# TAX 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.

Agency Policy No.

Agency Reference

Client No.

Commencement Date of Cover

Time

## YOUR PERSONAL DETAILS

Title  Forename  Surname

Age  Date of Birth  Sex: male/female

Marital Status (eg married, single, etc)

Main Occupation/Profession (including part-time, if retired please state)

Employer's business (if self-employed, please state)

## CORRESPONDENCE

Address

Day Time Telephone No.  E-mail

Driving licence (Please answer this question if you are to drive any of the vehicles covered under this policy)

Type of licence currently held (eg full private car UK licence)

Date licence obtained

## VEHICLE DETAILS

Are you the owner of the vehicle and is it registered in your name?  YES  NO

If "NO", please give reason for it being insured in your name and state the name of the owner(s).

Registration mark  Year of manufacture

Make and model of vehicle

Body style (eg saloon, estate, etc)

Engine size cc  Vehicle fuel type (eg unleaded or diesel)

Number of seats (including driver)  Estimated value (including accessories)



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Where is vehicle normally kept overnight?

(garage / compound / your driveway / private land / carport / or elsewhere)

Have any changes been made to the maker's specification other than adapted solely to cater for any physical disability?

YES

NO

If "YES" give details below

Do you require cover for Trailers (Third Party Cover whilst Towing)?

YES

NO

If "YES" please state the number of trailers owned, hired, leased or lent to You.

## COVER

Tick as required

Comprehensive

Third Party Fire & Theft

Third Party Only

## USE

(a) Social, domestic and pleasure purpose outside Gibraltar?

YES

NO

(b) Do you undertake carriage for third parties?

YES

NO

(c) Are passengers carried for hire or reward?

YES

NO

If "YES" please indicate purpose

(d) Are the vehicles used for Public Services?

YES

NO

(e) 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

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

Yourself only

Yourself and your spouse/domestic partner

Yourself and one named driver

## ADDITIONAL DRIVERS

Please provide the following details for drivers other than the proposer.

Name in full (Mr/Mrs/Miss/Ms/other title)

1.

2.

3.

4.



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## AGE

1.	2.
3.	4.

Date of birth (dd/mm/yyyy)

1.	/	/	2.	/	/
3.	/	/	4.	/	/

Sex (male/female)

1.	2.
3.	4.

Relationship to proposer (eg spouse/domestic partner/brother/sister/son/daughter/employer or proposer/family/business partner/other please state)

1.	2.
3.	4.

Main occupation/profession (including part-time, if retired please state)

1.	2.
3.	4.

If employed, state employer's business

1.	2.
3.	4.

Driving licence details - please state the type of licence currently held (eg full private car licence)

1.	2.
3.	4.

Date licence obtained (dd/mm/yyyy)

1.	/	/	2.	/	/
3.	/	/	4.	/	/

## MEDICAL CONDITIONS

Do you or any of the drivers have or have had a history of defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, or fits of any kind?. Please give full details. If none state none.




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Do any of the drivers have or have had a history of defective vision or hearing (not corrected by glasses or hearing aid), diabetes, or any disease or physical or mental infirmity, or fits of any kind?. Please give full details. If none state none.

Has the condition(s) mentioned above been advised to the Licensing Section, Department of Transport and have they agreed to the issue of a licence?

YES

NO

If "NO" please state name of driver and give reason below

You are reminded that you are required by law to inform your insurance company at once, if you have a disability (including any physical or mental condition) which is or may become likely to affect your fitness as a driver.

## LOSS HISTORY

Have any of the drivers had an accident or suffered damage, Fire or theft losses involving a motor vehicle in the past five years?

YES

NO

If "YES" please give full details below

(Space has been provided for two losses. If there have been more incidents please continue on another piece of paper).

Name of Driver

1.

2.

Date of incident (dd/mm/yyyy)

1.  /  /

2.  /  /

Type of incident (ie accident/theft)

1.

2.

Amount of claim

1.

2.

Was the driver judged to be at fault?

1.

2.

NOTE: All accidents should be disclosed whether or not a claim was submitted to the insurer concerned.



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## CONVICTIONS

Have 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 policy enquiry)

YES

NO

If "YES" please give full details below

(Space has been provided for two convictions. If there have been more convictions please continue on another piece of paper)

Name of Driver

1.

2.

Conviction details/code (eg speeding/drink driving)

1.

2.

Date of incident (dd/mm/yyyy)

1.

/

/

2.

/

/

Points and/or fine incurred (if applicable)

1.

2.

Period of disqualification (if applicable)

1.

2.

Have any of the drivers ever had their licence revoked or had any restrictions imposed?

YES

NO

If "YES" please state which driver and reason

## NON-MOTORING OFFENCES

Have any of the drivers been convicted during the past five years of any offence relating to fraud, robbery, theft or handling stolen goods?

YES

NO

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

If "YES" please give full details below

Name of driver

Details of offence

Date of conviction (month/year)



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

YES

NO

If "yes" please state name and give full reason below

Do you have any other policies with Argus Ins?

YES

NO

If "yes" please give full details below - policy number(s)

Type of policy

## MATERIAL FACTS

All material Facts must be disclosed. Failure to do so could invalidate the Policy. A material fact is one, which likely to influence an Insurer in the assessment and acceptance of this application. If you are in 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. 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 the Insurer for your future reference. A copy of the completed application form will be supplied on request within a period of three months after its completion. Please state any other material facts that you may believe to be relevant.

## SHORT PERIOD RATES

Insurance effected for less than a year, or Annual Policies cancelled during the year will be charged in accordance with the following scales (Not applicable to Geographical extensions). Minimum charge £35.00.

Period not Over exceeding (months)	1	2	3	4	5	6	7	8	Over 8 months
% of annual premium payable	25%	37,5%	50%	62,5%	67,5%	75%	80%	90%	Full Annual Premium

## 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, Unit G.04 West One, Europort Road, Gibraltar.

If you are dissatisfied with the response you receive you should write to: Department of Consumer Affairs, 10 Governor's Lane, Gibraltar



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### 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.

### 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.



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## 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: