



**eurosure**  
INSURANCE COMPANY LTD

# MOTOR INSURANCE PROPOSAL FORM

Οδική Βοήθεια & Φροντίδα Ατυχημάτων  
Road Assistance & Accident Care

**8000 2 800**

(For Office Use Only)

Account No	Agent Code	U/W	Stat Code	Auth Driver	Use Clause	Endorsements	Policy No

PLEASE COMPLETE WITH CAPITAL LETTERS & CLEAR HANDWRITING & INDICATE WITH A "✓" WHERE APPLICABLE

## PROPOSERS DETAILS

Full Name of Proposer			
Address			
Area / Village		P.O. Box No	
Post Code	City	P.O. Box Post Code	
Occupation/Profession		Office Telephone No	
Occupation of Spouse	Nationality	Office Telefax No	
Date of Birth		Home Telephone No.	
Identity No / Company Registration No.		Home Telefax No.	
VAT No (if Company)		Mobile Telephone No	
E-Mail	Preferred Language – Greek <input type="checkbox"/> English <input type="checkbox"/>		

## PERIOD OF INSURANCE COVER

From ..... am/pm ..... / ..... / ..... until midnight of ..... / ..... / .....

Do you have any other Insurance Policies with **Eurosurance Insurance Company Ltd**?

If "YES", please indicate Policy Number/s

YES ☐ NO ☐

## PROPOSED COVER

Covering Note No.

Third Party Liability <input type="checkbox"/>	Third Party Fire and Theft <input type="checkbox"/>	Comprehensive <input type="checkbox"/>	Comprehensive "Silver" Policy <input type="checkbox"/>	Comprehensive Gold" Policy <input type="checkbox"/>
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## TYPE OF VEHICLES / USE

a) ☐ **Private**

b) ☐ **Commercial**

i) Own Goods ☐ Private Use ☐ Commercial Use ☐

ii) General Cartage ☐

iii) Special Types ☐ Specify  iv) Private Buses ☐ No of Passengers

Other (please specify) ☐

c) ☐ **Motorcycles**

Private Use ☐ Commercial Use ☐ Rented to Others ☐

d) ☐ **Motor Trade Vehicles - (WITH HEAD OFFICE APPROVAL ONLY)**

i) Will the vehicles also be used for private purposes? YES ☐ NO ☐

ii) Will the vehicles be used for demonstration purposes by prospective buyers  
- accompanied by the Proposer or his employee(s)? YES ☐ NO ☐  
- unaccompanied by the Proposer or his employee(s)? YES ☐ NO ☐

**PARTICULARS OF VEHICLE(S) PROPOSED FOR INSURANCE**Approved capacity of the Motor Vehicle  
in terms of

Registration No / Chassis No	Make & Model	Type of Motor Vehicle	Year of Manufacture	Horse Power / Cubic Capacity	No Passengers incl. the Driver	Load (Combined Weight kg)

Proposer's Estimated Sum Insured including all its accessories and spare parts thereon

€

Please indicate Year of Purchase

and Purchase Price

€

Is the Vehicle Left Hand Drive?	Does the Vehicle have a Soft and/or a Removable Top?	Is the Vehicle High Performance?	Does The Above Estimated Sum Insured include Duty?	Has the Motor Vehicle been imported as a "Used" Vehicle?
YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

Will the Motor Vehicle tow a trailer? If "YES", please complete below

YES ☐ NO ☐

i) Type / Use

ii) Registration Number of the Trailer

iii) Do you want cover for own damage to the trailer? If "YES", please give the Insured Value

YES ☐ NO ☐

€

Have any alterations been made to the Motor Vehicle and/or to the trailer from its original specifications?

YES ☐ NO ☐

If "YES", please give details

Is the Motor Vehicle in a good condition and will it be maintained in a good technical/ mechanical condition?

(Please attach copy of M.O.T. Certificate where applicable)

YES ☐ NO ☐

Will the use of the Motor Vehicle be:

i) only for social domestic and pleasure purposes?

YES ☐ NO ☐

ii) for the business of the Proposer?

YES ☐ NO ☐

If "NO", to (i) and (ii) above please indicate the "use" of the Motor Vehicle

**OWNERSHIP OF THE MOTOR VEHICLE (PLEASE ATTACH COPY OF THE OWNERSHIP DOCUMENT)**

Is the Motor Vehicle registered in your name? If "NO", please give exact name of owner

YES ☐ NO ☐

Name of owner under a hire purchase agreement (if applicable)

**DETAILS OF PERSONS DRIVING THE MOTOR VEHICLE (INCLUDING THE PROPOSER)**

DRIVING BASIS		AGE OF DRIVERS				
Any Driver	Named Drivers	Between 23 -70	Between 25 -70	Under 23	Over 70	Over 80
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EXPERIENCE OF DRIVERS**

Full Driving License over 2 years	Full Driving License under 2 years	Learners Driving License	Professional License
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Driver	Occupation	Date of Birth	Passport No. Identity No.	Penalty Points **	Type of Licence*			Date Driving Licence Obtained	Cypriot/ EU/ Other Driving Licence	Nationality
					Full (F)	Learner (L)	Professional (P)			
					K	F	L			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

\* Please attach a photocopy of the Driving Licence for all Named Drivers and in addition a recent Medical Certificate for each person who is over 70 years of age

\*\* Refer to Head Office for drivers with over 8 (eight) points

HEAD OFFICE: 5 Limassol Avenue, 2112 Aglantzia, Nicosia, Cyprus, Tel.: +357-22882350 / 22882500, Fax: +357-22882399

POSTAL ADDRESS: P.O. Box 22220, 1519 Nicosia, Cyprus [www.eurosure.com](http://www.eurosure.com)

Motor Proposal (English) / Version 11EN (30.03.2022)

**GENERAL QUESTIONS**

A) Please declare the following information about your Motor Vehicles, which you have owned in the last five years.

	Current Year	One Year Ago	Two Years Ago	Three Years Ago	Four Years Ago
Registration Number of Motor Vehicles					
Insurance Company					

b) Has any Insurance Company or any Insurer in connection with Motor Insurance or in connection with any person who shall drive the Motor Vehicle proposed for Insurance hereunder

i) Declined any proposal for Motor Insurance? If "YES", please give details YES ☐ NO ☐

ii) Requested increased premium or imposed special terms? If "YES", please give details YES ☐ NO ☐

iii) Cancelled or refused to renew any Insurance Coverage? If "YES", please give details YES ☐ NO ☐

iii) Do you or any of the Drivers have Reduced / Impaired Sight or Hearing or Restricted Use of Limbs or suffer from Diabetes, Epilepsy, a Heart Condition or Other Physical or mental illness or disability? If "YES", please give details. YES ☐ NO ☐

iii) Have you or any of the Drivers been involved in an accident or incurred damage to his vehicle and/or been imposed any fines/convictions in the last 5 years? If "YES", please give details YES ☐ NO ☐

**OTHER BENEFITS – EXTENSIONS - Complete up the benefit and/or the changes of Limits with you wish to change as to the benefits of each cover**

Suggested Cover	Third Party Liability	Third Party Fire & Theft	Comprehensive	Comprehensive "Silver" Policy	Comprehensive Gold" Policy	Benefits or Changes Benefits
a) Windscreen Cover	€600	€600	€600	€800	€1.000	€.....
b) Personal Accident Cover to the Insured Authorised Driver whilst driving the Motor Vehicle Insured under the Policy	€4.500	€4.500	€4.500	€9.000	€26.000	€.....
c) Loss of Use of Own Vehicle (maximum 15 days)			€15 per day	€20 per day	€30 per day	€.....
d) Cover against Earthquake, Storm, Tempest, Flood				•	•	YES <input type="checkbox"/>
e) Cover against damage from Riots, Strikes, Civil Commotions				•	•	YES <input type="checkbox"/>
f) No Claims Bonus Protection (Own Damage)					•	YES <input type="checkbox"/>
g) Replacement of Vehicle with a new one (applicable with new vehicles up to 12 months old)					•	YES <input type="checkbox"/>
h) Use as a Tool of Trade						YES <input type="checkbox"/>
i) Vehicle to be Insured on a "Duty Paid" basis in case of partial loss only (Duty Free Vehicles Only)						YES <input type="checkbox"/>

**Increase of Excess**

Do you want to take a higher excess in addition to the Compulsory Minimum Excess under the Policy? If "YES" please indicate the **additional** excess you wish to have in addition to the **Minimum** under the Policy

YES ☐ €50 ☐ €100 ☐ €200 ☐

This additional excess shall be in connection with Own Damage Claims

**PLEASE DECLARE ANY OTHER MATERIAL FACTS CONCERNING THE RISK PROPOSED FOR INSURANCE**

## **PREMIUM PAYMENT**

I wish my annual premium to be paid as follows (please mark ✓ or X whichever option applies)

☐

Settlement in ONE (1) Instalment

☐

Settlement in:

☐

TWO (2)

☐

THREE (3)

☐

FOUR (4)

consecutive monthly instalments (one-off charge €1,00 for each instalment)

**Note:** *In all cases, the 1<sup>st</sup> Instalment is due for payment on or before the starting date of the period of the Insurance*

☐

Direct Debit Banking Mandate

I would like to pay my policy premium using a Direct Debit, and hereby enclose a signed Direct Debit Mandate form

**Note:** *Where the duration of the policy is less than one year, premium must be fully prepaid*

**STATUTORY DECLARATION AND CONSENT FORM FOR THE PROCESSING OF PERSONAL DATA**

Forming part of this Proposal Form which together shall constitute the basis of the Policy which may be issued.

(All references to the singular shall also mean to the plural unless the context otherwise requires)

I declare that the answers and information which have been given in this Insurance Proposal Form are absolutely correct and that I have not withheld, misstated or misrepresented any material information in connection with this Proposal. I agree that this Declaration as well as the answers and information which I have given in this as well as any other information, declaration or statement made by me or by anybody acting on my behalf will form the basis of the Insurance Policy which may be issued to me by Eurosire Insurance Company Ltd (hereinafter referred to as Eurosire or the Company). I further agree that I shall accept to be indemnified based on the Terms and Conditions which will appear in and/or which will be endorsed in the Insurance Policy which may be issued to me.

I declare that any Insurance Intermediary or other Representative or Employee of Eurosire who helps me in completing or who completes on my behalf the Proposal Form and/or assists me in the completion of any other document and/or provides any information to the Company for the purpose of obtaining a quotation and/or any subsequent Insurance coverage for me is acting on my behalf.

I declare that the cover which may be provided as well as my responsibilities and obligations under the Insurance Policy in respect of which this Proposal is completed has been fully explained to me by the Insurance Intermediary named below or by any representative or employee of Eurosire I declare that it fully satisfies my insurance requirements in relation to the subject matter of insurance under this Proposal.

I declare that I understand that Eurosire is not obliged to accept and offer any Insurance coverage based on this Proposal and only when confirmation of cover has been issued by the Company in writing will any cover apply.

I declare that under the provisions of the General Data Protection Regulation (GDPR) (EE) 2016/679 or any other Law or other regulation amending or replacing it, Eurosire, as processors of personal data within the meaning of the GDPR, may collect and process personal data for the sole purpose of providing the services I request from the Company. Eurosire may process/pass on my personal data to third parties to the extent that this is required as a contractual necessity, on the ground of legal obligations, and legitimate interest.

I also declare that I understand that such personal, sensitive and confidential information which has been given or will be given in the future to Eurosire by me or has been provided by Third Parties to the Company or has been abstracted from other Insurances, other Companies or other information for the purpose of providing their services to me, may be given to Third Parties, other Insurers, Insurance and Reinsurance Intermediaries, such as Surveyors/Adjusters, Repairers, Legal Advisors, Doctors, Insurance Consultants, Auditors, Reinsurers in order to provide me with the services and fulfilment of tasks deriving.

**Consent - Sensitive Personal Data**

In accordance with the provisions of articles 5, 6, 7 and 9 of the General Data Protection Regulations, I declare that I understand that Eurosire Insurance Company Ltd needs to collect, evaluate and process personal data that is relevant to health in order to proceed with the preparation of the appropriate insurance program. The assessment of my personal data of this nature will allow Eurosire either to accept or not the insurance claim and to calculate the premium corresponding to the risk assumed.

I declare that I understand, that for the smooth operation of the insurance contract both at the risk assessment stage and especially at the time of the insured event, my consent covers both the reception and transmission of sensitive data to and from third parties (such as Insurance Funds, Hospitals, Diagnostic Centers, etc.).

Personal data will be retained for the minimum amount of time required under the Company's contractual or legal obligations.

I understand that if I do not wish to consent to the processing of my sensitive personal data, the insurance company may reject the application for insurance. I have the right to recall my consent at any time by informing the Data Protection Officer of the Company in writing, either by letter to the Company's mailing address or by email [dpo@eurosire.com](mailto:dpo@eurosire.com).

**Statement of Consent**

☐ I consent that Eurosire Insurance Company processes my Sensitive Personal Data for the purpose of providing insurance services

Signature of Proposer

Date Signed

**ATTENTION:** Special notice is given to the Proposer

- A. No liability shall attach under the Policy if the Police is not called immediately to the scene of an accident in respect of which a claim may be made against the Company under the Policy.
- B. Full adherence to the Terms and Conditions of the Policy or of any other document which may be issued by the Company shall be condition precedent to any admittance of possible liability of the Company under the Policy or other Document issued by the Company.

Name of Previous  
Insurance Company

Signature of Proposer

Date Signed

Name of the Insurance  
Intermediary

Signature of the  
Insurance Intermediary

***No liability is accepted by the Company until the proposal has been accepted and the first premium paid.***

Date .....

..... (Name and Address  
..... of previous  
..... Insurance  
..... Company)

Dear Sirs,

Proposer's Full Name : ..... Identity No. / Company Registration No. ....

Vehicle Registration No : ..... Policy No. ....

I have submitted to Eurosurance Insurance Company Ltd a Proposal Form for the insurance of the above said Motor Vehicle and I hereby authorise you to immediately provide the following particulars to the said Insurance Company for the purpose of underwriting my Proposal.

Yours faithfully,

.....  
The Proposer / Principal

Date .....

**Eurosurance Insurance Co. Ltd.**  
**P. O. Box No. 21961, 1515 Nicosia**  
Tel: 22882350, Fax: 22882399  
Email : [motor.department@eurosurance.com](mailto:motor.department@eurosurance.com)

Proposer's Full Name : ..... Identity No. / Company Registration No. ....

Vehicle Registration No : ..... Policy No. ....

Period of Insurance : From: ..... To:..... Cover: .....

: From: ..... To:..... Cover: .....

No Claim Discount Entitlement : (N.C.D.): (a) .....% (b).....years

CLAIMS WHICH HAVE BEEN PAID AND/OR WHICH ARE OUTSTANDING DURING THE LAST FIVE (5) YEARS AS INDICATED BELOW:					
DATE OF ACCIDENT	AMOUNT/S PAID		AMOUNT/S OUTSTANDING		Drivers Name
	T. P. Damage	Own Damage	T. P. Damage	Own Damage	
	€	€	€	€	
	€	€	€	€	
	€	€	€	€	
	€	€	€	€	

Comments regarding the cause of the accident/s and the extent of blame and/or any other material information.

.....  
Signature & Company Stamp

.....