

Motor Insurance Proposal Form

Ref. No./Policy No. / Name	
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IMPORTANT NOTE: Failure to disclose material facts could result in your insurance being cancelled or invalidated. If you are in doubt as to whether a fact is material or not then you should disclose it. Full details of the cover provided appear in the policy document, a copy of which is available on request. The insurer reserves the right to decline any proposal. It is an offence under the Road Traffic Act to make any false statement or withhold any information to obtain a Certificate of Motor Insurance. Insurers pass information to the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search the register. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information Centre (MIIC). This has been set up to help identify uninsured drivers,

Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information.

YOU - THE PROPOSER					
Surname (Mr/Mrs/Miss/Ms)	Forenames				
Address			Town		
County	Postcode	Age	Date of Birth		
Home Tel. No		Busin	ess Tel. No		
Occupation(s) including any part-time employment		Employers	Business		
How long have you been driving in the U	K ? year(s) Are you	permanently residing in UK ?	Yes No	
			ou been permanently residing or the past 3 years ?	Yes No	
THE PROPOSED VEHICLE &	ITS USE				
Make of Vehicle	Exact Mod	iel	Engine Size (C.C)		
Year of Manufacture	Registration No.		Who is the Owner ?		
Date of Purchase of the Vehicle ?	/ /		Value of Vehicle		
Has the vehicle been modified ? if Yes, please provide details					
Address where vehicle is kept if different	from insured address	? Is the vehicle	e left hand drive ?	Yes No	
			kept on a drive overnight ?	Yes No	
		Is the vehicle	kept in a locked garage overnigh	t? _{Yes} No	
Who is the main user of vehicle ?		ls your car fit	tted with an alarm system ?	Yes No	
		Do you have	the use of another vehicle ?	Yes No	
Will the vehicle be used for any business use (full/part-time) or official use by yourself or any other known driver ? Yes No If Yes, please provide details of business and/or official use. No No					
Name Employ	yer	Full Details	Approx. annu	al mileage involved	
Do you own any other vehicle ? if Yes, please provide details					
Give details of any other security devices e.g. immobiliser, wheel nuts, etc.					

YOUR INSURANCE REQUIREMENTS								
Time and Date of Insurance to Commence:		H	hrs	day		month		year
Will the vehicle be used for:					(Please tic	k as appro	opriate)
Social, domestic and pleasure only (which incl	udes travel to and fr	om normal p	lace of wo	k) ?				
Business purposes by yourself/your spouse ?								
Business purposes by yourself/your employer	and partner ?							
Commercial travelling or motor trade purposes ?								
Will your car be used for any purpose not provide	ed for in the class of u	use indicated	d above ? if	Yes, plea	se give detail	s	Yes 🗌	No
What is your No Claim Discount (NCD) ? % How many years does this represent ? years Please attach original proof of your bonus								
Do you require No Claim Discount (NCD) protection	?						Yes	No
Do you wish driving restricted to: (a) yourself only								
(b) yourself & spouse only								
(c) As per Section 'Drivers of the Proposed Vehicle' Yes No								
Type of cover required (Please tick as appropriate) Comprehensive Third Party Fire & Theft Third Party Fire & Theft Third Party Only								
For Third Party Fire & Theft and Third Party Only Do you wish to include windscreen and window cover ? (Automatically included in Comprehensive cover) Yes								
Excess Do you wish to be responsible voluntarily for the first amount of accidental damage to your vehicle. (Please tick as appropriate)								
£100 £200		£250				Othe	rs	

DRIVERS OF THE PROPOSED VEHICLE						
	Name	Age	Occupation(s)		How many years held full UK driving licence ?	Have there been any accidents/claims or convictions in the last 5 years or any prosecutions pending ? If Yes, please give details below
	PROPOSER	>>>	>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			Yes No No
						Yes 📃 No 🗌
						Yes 📃 No 🗌
						Yes 💭 No 💭
	Details of accidents / claims or loss	es in th	•			
	Name	Date	of Accident Total F	ayments	Circumstances (in	cluding time, speed, road conditions)
	Details of convictions in the last 5	-			<i>, ,</i> , , , , , , , , , , , , , , , , ,	
	Date of Conviction Nature of Of	rence	Penal	ties Imposed	(e.g. fine/disqualifie	cation) Circumstances
	Any Additional Material Information. if Yes, please give details					
A. Do any of the above-named drivers (including yourself) suffer from or have they ever suffered from a Yes No cardiac condition, mental illness or defect, physical disability or infirmity, defective vision, diabetes, epilepsy or sudden attacks of disabling, giddiness or fainting ?						
	B. Are any of the drivers listed above more than 70 years old ? if Yes to A or B, the separate 'Declaration of Health' Form MUST be completed					
	Name of last/present Insurers Expiry Date of Current/previous insurance / /					
	Has any insurance company decline cancelled or refused to renew your			l conditions,		Yes No

PRIVACY AND YOUR PERSONAL INFORMATION

China Taiping Insurance (UK) Co Ltd are the data controller (as defined by the UK Data Protection Act 2018 and all applicable laws which replace or amend it, including the General Data Protection Regulation) in respect of this contract of insurance. **We** may obtain, collect and process **your** personal information for the purposes of entering into and performing **our** insurance contract with **you**.

For full details of what data **we** collect about **you**, how **we** use it, who **we** share it with, how long **we** keep it and **your** rights relating to **your** personal data, please refer to **our** Privacy Notice which is available on our website at: https://uk.cntaiping.com/uk-privacy/

If you do not have access to the Internet, please write to our Data Protection Officer (at the address shown below) with your name and address and a copy will be sent to you in the post.

In summary, we, may, as part of our agreement with you under this contract, collect personal information about you, including:-

- Name, address, contact details, date of birth and cover required
- Financial information such as previous credit history, bank details
- Details of any previous insurance claims.
- Information for Employers' Liability Database records (if Employers' Liability insurance is included)

We may also collect sensitive personal information about you, and any additional people who you wish to be insured under the policy, including medical records to validate a claim should you be claiming for sickness or an accident.

We collect and process your personal information for the purpose of insurance and claims administration.

Telephone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on our behalf (for example, premium collection and claims validation, or for communication purposes related to your cover). We will ensure that they keep your information secure and do not use it for purposes other than those that we have specified in our Privacy Notice.

Some third parties that process **your** data on **our** behalf may do so outside of the European Economic Area ("EEA"). Where such transfers occur, **we** ensure that they do not occur without **our** prior written authority and that an appropriate transfer agreement is put in place to protect **your** personal information to an equivalent standard to that found in the EEA.

We will keep your personal information only for as long as we believe is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share your information if we are required to by law. We may share your information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided we can do so without breaching data protection laws.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice, please contact our Data Protection Officer at:-

China Taiping Insurance (UK) Co Limited; 2, Finch Lane, London EC3V 3NA E-mail: dataprotectionofficer@uk.cntaiping.com Tel: (0044) (0)20 7839 1888

DECLARATION

I declare that to the best of my knowledge and belief the information given in this proposal is true in every respect and no material facts which might influence the Company in accepting or assessing this proposal have been withheld. I also declare that if anything on this form has been written by another person then he/she should be acting as my agent for this purpose. I agree that this proposal and declaration shall be the basis of the contract between me and **CHINA TAIPING INSURANCE (UK) CO LIMITED.**

I understand that China Taiping Insurance will pass the information on this form and about any incident I may give details of to ABI so that they can make it available to other insurers. I also understand that, in response to any searches you may make in connection with this application or any incident I have given details of, ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.

Pro	poser's	signature



UNDERWRITERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL, OR TO IMPOSE SPECIAL TERMS. COVER WILL NOT OPERATE UNTIL A COVER NOTE OR CERTIFICATE OF INSURANCE HAS BEEN ISSUED BY CHINA TAIPING INSURANCE (UK) CO LTD OR ITS AUTHORISED AGENT ON BEHALF OF THE UNDERWRITERS.

Members of the Association of British Insurers

Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

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