

Motor Insurance Proposal Form

Policyholder Details

Surname / Company Name	<input style="width: 90%;" type="text"/>
Name	<input style="width: 90%;" type="text"/>
Identity Card Number / BRN	<input style="width: 90%;" type="text"/>
Address	<input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>
Telephone	(H) <input style="width: 80%;" type="text"/> (M) <input style="width: 80%;" type="text"/>
Email	<input style="width: 90%;" type="text"/>
Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
Occupation	<input style="width: 90%;" type="text"/>
Place of work	<small>Name of the city/town/village only. No need to give full address</small> <input style="width: 90%;" type="text"/>
Type of license	<input style="width: 90%;" type="text"/>
Date first Licensed	<input style="width: 90%;" type="text"/>
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/>
Previous Insurer	<input style="width: 90%;" type="text"/>
Period of Cover	From <input style="width: 40%;" type="text"/> to <input style="width: 40%;" type="text"/>
When does your current Road Tax ("Declaration NTA") expire?	<input style="width: 90%;" type="text"/>

Cover

Type	Jdrive <input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/>
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Drivers Details

Name	Relationship with Insured	Licence since	Previous Claims	At Fault (Y/N)

Claims Information for All Drivers

Vehicle Registration No.	Insurer	Claims Details	Amount Paid	At Fault (Y/N)

Vehicle Details

Make / Model	<input type="text"/>			
Year of Manufacture	<input type="text"/>	Colour <input type="text"/>		
Status	New	Second Hand	Reconditioned	
Type	Private <input type="checkbox"/> Taxi <input type="checkbox"/> Private Van <input type="checkbox"/>	Corporate <input type="checkbox"/> Taxi Hotel <input type="checkbox"/> Contract Van <input type="checkbox"/>	Motorcycle <input type="checkbox"/> Duty Free Car <input type="checkbox"/> School Van <input type="checkbox"/>	Lorry <input type="checkbox"/> Other <input type="checkbox"/>
Body Type	Saloon <input type="checkbox"/> MPV <input type="checkbox"/>	Convertible <input type="checkbox"/> Other <input type="checkbox"/>	Coupe <input type="checkbox"/>	SUV <input type="checkbox"/>
Registration No.	<input type="text"/>	Engine Capacity	<input type="text"/>	
Engine No.	<input type="text"/>			
Chassis No.	<input type="text"/>			
Sum Insured*	<input type="text"/>			
Seating Capacity	<input type="text"/>	Transmission	Manual <input type="checkbox"/> Diesel <input type="checkbox"/>	Automatic <input type="checkbox"/> Gas <input type="checkbox"/>
Fuel	Petrol <input type="checkbox"/> Hybrid <input type="checkbox"/>			
Is engine modified?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
	<i>If yes, please provide details</i> <input type="text"/>			
Where kept at night	Garage <input type="checkbox"/> Social <input type="checkbox"/>	Priv.Property <input type="checkbox"/> Domestic <input type="checkbox"/>	Public Roads <input type="checkbox"/> Work transport <input type="checkbox"/>	
Use				
Kilometers per year		Less than 30,000 <input type="checkbox"/>	30,001 to 75,000 <input type="checkbox"/>	More than 75,000 <input type="checkbox"/>
Has the vehicle been purchased at Auction Sale?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the vehicle been involved in an accident before?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

No insurance will be in force until a motor certificate is issued by the Jubilee Insurance Company of Mauritius Ltd or its authorized agents.

DECLARATION: I have read or have had read to me the contents of this completed proposal form and agree that the above statements are to the best of my knowledge and belief correct and complete and will form the basis of the contract between me and Jubilee Allianz General Insurance (Mauritius) Ltd (us). I confirm that I have disclosed all Material Facts and accept our standard form of policy for this type of insurance. I am satisfied with the way the proposal has been completed. I confirm that if this form has been completed by one of our employees and/or authorised intermediary on my behalf such person shall, for that purpose be regarded as my agent and our agent.

I agree to read the policy and be bound by the terms, conditions, limitations and exclusions of the said policy.

The Company is registered under the Data Protection Act 2017 and procures and keeps information for specified and lawful purposes only and ensures that personal or special categories of personal data are collected lawfully and processes those data fairly. The Company may, in the discharge of its duties and obligations under the present insurance agreement and at no cost to the Insured, cause the processing and storage of the Insured's data to be transferred to a third party, based in Mauritius or abroad, and the Insured upon signing the present claim form de facto expressly consents thereto in accordance with the provisions of Section 36 (1) (b) of the Data Processing Act 2017. The Company has put appropriate security and organisational measures in place to prevent unauthorised access to, alteration of, disclosure of, accidental loss, and destruction of the data in its control. Personal information is kept in a safe and secure place, especially confidential and sensitive information.

*** Motor Insurance Policy available upon request**

Proposer Signature

Date

CUSTOMER DUE DILIGENCE FORM – INDIVIDUAL CLIENT

Part One: PERSONAL DETAILS

Please specify

Title: Mr. Mrs. Miss

Other

Surname:

Forename(s):

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.....

Permanent Residential Address:
No. (No P.O Box please)

Maiden Name (if applicable):

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.....

National Identity Card:

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.....

.....

Date of Birth:

.....

.....

Passport No. (if applicable)

Nationality:

.....

.....

Email Address

Telephone No.

(H)

(H)

(O)

(M)

.....

(O)

Have you, a family member, or a close associate, at any time, been designated as a Politically Exposed Person(PEP)? ¹

.....

Part Two: EMPLOYMENT DETAILS

Employment Status: Employed Retired Self-Employed Unemployed:

Job Title:

Employer's / Business Address if Self-Employed:

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Employer's Name:

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If Self-Employed, please state the nature of the business

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Nature and purpose of the Business Transaction

Source of Funds/Income/Wealth

Average monthly income (MUR)

Less than 25,000 25,000 to 50,000 Above 50,000

Part Three: Supplementary information

A. Have you ever, anywhere, been censured, disciplined, or criticized by any professional body or any public body or any Regulatory Authority?

Yes No

If yes, please provide the details:

B. Have you been convicted of any offence including time spent matters by any Court in any Jurisdiction? If yes, give full particulars of the Court in which you were convicted, the offence and the penalty imposed and the date of conviction.

Yes No

If yes, please provide the details:

C. Are you the Ultimate Beneficial Owner (“UBO”)² of this Policy?

Yes No

Please give full particulars of the UBO

Name:

National Identity Card/Passport No:

Permanent Residential Address:

Part Four: Declaration

Intermediary Declaration (Agents/Insurance Salespersons/Broker/other Intermediary)

I, holder of National Identity

Card/Passport No....., hereby declare that:

- (a) I have identified the Client and verified all the above original documents before certifying same as “True Copy of Original”; and
- (b) I undertake to promptly notify the Company, in writing, of any material change in information/documents for the Client if ever the same come to my knowledge or is submitted to me.

Signature:

Date:

CLIENT DECLARATION

I, the undersigned, hereby declare that the information provided in this form and the documents provided are true and accurate at the time of the transaction with Jubilee Allianz General Insurance (Mauritius) Limited and I hereby undertake to inform Jubilee Allianz General Insurance (Mauritius) Limited of any change in the information contained herein.

I further declare that any transaction with Jubilee Allianz General Insurance (Mauritius) Limited, to which I am subscribing, is not connected to money laundering and the financing of terrorism and proliferation or any other illegal activity either directly or indirectly.

.....
Signature of Applicant

.....
Date

1. “Politically Exposed Person” or “PEP”:

means a foreign PEP, a domestic PEP, and an international PEP, and for the purposes of this definition-

“Domestic PEP” means a natural person who is or has been entrusted domestically with prominent public functions in Mauritius and includes the Head of State and of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.

“Foreign PEPs” means a natural person who is or has been entrusted with prominent public functions by a foreign country, including Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executive of state-owned corporations, important political party officials and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.

“International organization PEP” means a person who is or has been entrusted with a prominent function by an international organization and includes members of senior management or individuals who have been entrusted with equivalent functions, including directors, deputy directors and members of the board or equivalent functions and such other person or category of persons as may be specified by a supervisory authority or regulatory body after consultation with the National Committee.

2. To comply with all the obligations under Regulation 15 of the Financial Intelligence Anti Money Laundering Regulations 2018 (FIAMLR 2018)

The UBO (a) means the natural person

- (i) who ultimately owns or controls a customer,
- (ii) on whose behalf a transaction is being conducted and

(b) includes those natural persons who exercise ultimate control over a legal person or arrangement.

Consent Form

In line with the Data Protection Act (2017) “DPA”, we need your consent to collect and process your data where necessary and/or required by law insofar as it is necessary to fulfill the purposes for which it was collected.

1. Data Protection

Jubilee Allianz General Insurance (Mauritius) Limited is registered under the Data Protection Act 2017 and procures and keeps information for specified and lawful purposes only and ensures that personal or special categories of personal data are collected lawfully and processes those data fairly.

The company may, in the discharge of its duties and obligations under the present insurance agreement and at no cost to the Insured, cause the processing and storage of the Insured’s data to be transferred to a third party, based in Mauritius or abroad, and the Insured upon signing the present claim form de facto expressly consents thereto in accordance with the provisions of section 36 (1) (b) of the Data Protection Act 2017.

The Company has put appropriate security and organizational measures in place to prevent unauthorized access to, alteration of, disclosure of, accidental loss, and destruction of the data in its control. Personal information is kept in a safe and secure place, especially confidential and sensitive information.

2. Your rights

By virtue of the provisions of the DPA and subject to any prescribed fee (if applicable), the Insured can request to access, rectify, erase, object to the processing, and withdraw his/her consent without affecting the lawfulness of processing of his/her personal data. A parent or a legal guardian should complete the Consent Form for any member who is under the age of 18.

For more information, please consult the Privacy Policy which is on our website.

I voluntarily give consent to Jubilee Allianz General Insurance (Mauritius) Limited to collect, process, store, and use my Personal Information after having fully read, understood, and agreed with the statement mentioned above.

Client Name

Signature of Client

Date

Please return the completed Consent Form via Post to Customer Services, Jubilee Allianz General Insurance (Mauritius) Limited, Mezzanine Floor, One Cathedrale Square, Pope Hennessy Street, Port Louis.