

# Proposal Form



## Goods in Transit Insurance

Please answer all questions fully and submit Form Without delay

### ➤ 1 - Proposer

Surname :		Maiden Name :	
First Names :			
Title : Mr/Mrs/Ms/Dr Other:		Sex: Male/Female	Marital Status :
Address :			
Email Address :			
Tel No Res :	Off :	Mob :	
Date of Birth :		National Identity Card :	
Occupation :			
Proposal : Single / Joint :		Place of Birth :	
How long have you been operating your business ?		Years	

### ➤ 2 - Particulars of Goods to be insured

Please indicate if :

Description of Goods :	YES	NO	
	FRAGILE	<input type="checkbox"/>	<input type="checkbox"/>
	SEMI-FRAGILE	<input type="checkbox"/>	<input type="checkbox"/>
	NON-FRAGILE	<input type="checkbox"/>	<input type="checkbox"/>
	SENT FOR REPAIRS	<input type="checkbox"/>	<input type="checkbox"/>
	NEW	<input type="checkbox"/>	<input type="checkbox"/>
	SECOND-HAND	<input type="checkbox"/>	<input type="checkbox"/>

Estimated annual value of goods to be transported : MUR

### ➤ 3 - The Transit

Insured trip or specify the usual area where you require cover :

Means of conveyance :

Are goods carried in your own vehicles ? YES  NO

➤ 4 - Proposed Sum Insured

Maximum sum insured any one conveyance : MUR

➤ 5 - Prior History (last 3 years)

Year	Number of Claims	Type of Claim	CLAIMS	
			PAID	OUTSTANDING

Name of present/previous insurer :

Has any insurer ever declined proposal/insurance or imposed special conditions ?      YES       NO

➤ 6 - Data Protection

Cim Insurance Limited is registered as Data Controller under the Data Protection Act 2004 (Act). In the performance of its business, all the personal data collected and processed (including the sensitive data) will be treated in strictest confidence. We will use our best efforts to ensure that data is accurate, complete, current and reliable for its intended use.

Supply of information in the form is mandatory. To this end, the use of personal information may include sharing the information with other persons or bodies, such as our intermediaries, other insurance companies, surveyors, investigative agents, reinsurers, actuaries, regulatory institutions, fraud and money laundering investigating institutions, whether in Mauritius or another country

The personal data provided may be used for data sharing by Cim Insurance Limited with other Cim Group companies to advise of, offer and supply other goods and services, for other marketing purposes in a way that is compatible with Data Protection and Privacy Policy (Privacy Policy). It will not however, be presented to a third party (unless otherwise stated in the form or required by law) without your specific authorisation to do so. This exercise excludes the sensitive data.

By signing the form, you are agreeing that your personal data may be processed in the manner hereinabove described. If at any time subsequent changes occur to your personal data or you have any enquiry relating to our Privacy Policy, you can send them in writing to our Compliance Manager.

➤ 7 - Declaration

I/We hereby declare that all the statements and particulars given in this proposal form to be true, that I/We have not withheld any material information and that I/We agree that this declaration shall be the basis of the contract between me/us and CIM INSURANCE LIMITED.

Non-disclosure or misrepresentation of material facts could invalidate the insurance contract.  
Material facts are those facts, which would influence the acceptance or assessment of the proposal.  
If you are in doubt as to whether a fact is material you should disclose it.

Date :..... Signature of Proposer(s) :.....