



## PRIVATE MOTOR PROPOSAL FORM

PLEASE COMPLETE ALL QUESTIONS ON THIS FORM AND TICK THE APPROPRIATE RESPONSES:

### 1. Personal Details

(a) Proposer's full name and title (Mr/Mrs/Miss/Ms)

\_\_\_\_\_

(b) Postal address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) Address where vehicle will be kept (if Different):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Telephone (Home) \_\_\_\_\_  
Office/Mobile \_\_\_\_\_  
Email address \_\_\_\_\_

(e) Date of birth \_\_\_\_\_  
Occupation full-time \_\_\_\_\_  
Occupation part-time \_\_\_\_\_

(f) Type of licence held? Full Irish/UK/EU  Provisional Irish/UK/EU  Other (give details)  \_\_\_\_\_

(g) How long have you held the licence?  Years Licence Number \_\_\_\_\_

(h) Are you the registered owner of the vehicle? Yes  No  If no give please give details \_\_\_\_\_

(i) Who is the main user of the Vehicle? \_\_\_\_\_

(j) Do you or your Spouse/Partner own/lease or have use of another motor Vehicle? Yes  No

If yes give details

\_\_\_\_\_



## 2. Vehicle Details

(a) Please provide details of your vehicle in the table below:

Make and model of vehicle (include letters GL, (I) SR etc)	Left or right hand drive	C.C.	Year of manufacture	Estimated value £/€	Registration or index mark

- (b) Has the vehicle been fitted with an alarm?      Yes       No
- (c) Have any alterations or additions been made from the manufacturer's design of body or engine?      Yes       No

If yes please give details

## 3. Cover Details

- (a) Cover required:      Comprehensive       Third Party, Fire & Theft
- (a1)      Legal Cover (optional extra)
- (b) Cover required:      Class 1       Class 1F       Class 2       Class 3   
(See Definitions on page 4)
- (c) Is open driven cover required? (See definitions on page 4)      Yes       No
- (d) Are you entitled to a \*no claims discount?  
\*(Previously held an insurance policy in your own name, within the last 2 years)
- If Yes, how many years' claims free does this represent? \_\_\_\_\_ Years
- If Full "no claims discount" (i.e. 5+ years), do you wish to protect it?      Yes       No
- (e) Have you previously been a named driver on a private motor insurance policy? \*  
\*(Previously been named on a insurance policy within the last 2 years)
- If Yes, how many years' claims free does this represent? \_\_\_\_\_ Years



#### 4. Driver Details

(a) Give details below relating to any other person(s) who may drive the vehicle.

Full name & address	Male/ Female	Date of birth	Type of licence	Country of issue	How long has this licence been held?	Licence number	Occupation (Full and/or part- time)

(b) Have you or any driver had any accidents, losses or claims, regardless of blame within the last 3 years? Yes  No

If yes give details below:

Date of accident	Name of driver	Total cost of settled Claims and/or estimate of outstanding claims	Circumstances of accident	Current status (Open/Closed)

(c) Have you or any driver ever been convicted of any motor offences or have any pending? Yes  No

(d) Have you or any driver received any penalty points/fixd penalty notices or have any pending? Yes  No

(e) Have you or any driver ever been disqualified from driving or had their licence revoked? Yes  No

If answer is Yes to either b, c or d please give details below:

Date of incident	Name of driver	Please provide full details of the circumstances of the conviction(s) or penalty notice(s) and any pending.	Number of penalty points attached	Penalty point(s) code if applicable	Date licence endorsed

(f) Have you or any driver suffered from impaired hearing or eyesight, heart disease, epilepsy or any physical infirmity or mental illness? Yes  No

If yes give details \_\_\_\_\_

(g) Have you or any driver had an insurance proposal or renewal declined or policy cancelled or subject to any increased premium or special conditions? Yes  No

If Yes give details below

Name	Details



## 5. DEFINITIONS/ RESTRICTIONS

### 1. Classification of Vehicle use

Your Insurance Policy will operate only when your car is being used for the purposes you indicate and which are shown on the Certificate of Insurance.

- CLASS 1** Social, Domestic and Pleasure purposes . Use in connection with the policyholder's and policyholder's spouse's business and use for towing (other than for hire or reward) of any one disabled mechanically propelled vehicle or trailer.
- CLASS 1F:** Social, Domestic and Pleasure purposes. Use in connection with the policyholder's business as a farmer (excluding nurserymen and market gardeners) including the carriage of goods in connection with the business and the policyholder's spouse's business. Use for towing (other than for hire or reward) of any one disabled mechanically propelled vehicle or trailer.
- CLASS 2:** Class 1 use, plus the carriage of goods or samples in connection with the policyholder's business (including use by your employees for such purposes) but excluding commercial travelling, sales promotion and soliciting of orders.
- CLASS 3:** Class 2 use, plus commercial travelling, sales promotion and soliciting of orders.

All causes exclude racing, pace making, reliability trials, speed testing, rallying and carriage of passengers for hire or reward or use for any purposes in connection with the Motor Trade other than use necessitated by the overhead, upkeep or repair of the vehicle for the Policyholders

## 6. DECLARATION

I/We declare to the best of my/our knowledge and belief that the information given on this form is true and complete in every respect.

I/We also declare that if another person wrote anything on this form he/she has acted as my/our agent for this purpose.

I/We agree that this Proposal and Declaration shall form the basis of the Contract between me/us and **Insurance Services 4U**.

I/We undertake to inform **Insurance Services 4U** should any facts in the Proposal, or additional information rendered, alter in any way

This insurance will not be in force until QUINN-direct Insurance Limited has processed and accepted the Proposal. **Insurance Services 4U** reserves the right to ask for special terms or to decline any proposal.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### IMPORTANT NOTICE

It is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purposes of obtaining a certificate of motor insurance. All facts are material, which might influence the acceptance or assessment of your proposal. It is your duty to disclose all facts material to you and any other person who may drive your vehicle. Failure to disclose all material facts could render your insurance invalid and not give protection in the event of a claim. If you are in any doubt as to whether a fact is material you should disclose it.

A copy of this proposal form is available on written request within three months of the date of this proposal. Full details of the cover provided appear in the policy. A specimen of the policy is available on request.

*If faxing this proposal form please include a Cover Sheet and Quote your reference number where applicable*