## **Motor Insurance Quote Request Form**



#### **Insured Details**

Insured(s) Name: Postal Address Contact Number Email Address

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Make

Model

Variant

**Body Type** 

Transmission

Does the vehicle have any pre existing damage?

Registration Number

VIN:

**Engine Number:** 

For the below, please provide a description and individual value:

Accessories:

Modifications:

Security:

Is your vehicle finance? If yes, please provide the name of the finance company

Usage:

#### **Parking**

How is the vehicle stored overnight?

Address where the vehicle is parked overnight:

How is the vehicle stored during the day?

Most common address where the vehcile is parked during the day:

#### Cover

Date cover required:

Agreed Value/Market Value? If agreed value please advise the amount to be insured:

Do you require excess free windscreen cover?

Do you require hire car following an accident/theft cover?

Would you like to include the option to choose your own repairer?

### **Drivers**

Name: D.O.B: Year License Obtained:

## **Driving History**

If you answer yes to any of the below questions, please provide details For claims please advise the date of incident, a brief description and the cost incurred

# Have any of the above listed drivers in the last 5 years:

Had a claim whether at fault or not? Had a licence suspension? Had any traffic infringements excluding parking fines?

# **Disclosure Questions**

# Has any Insurer in respect of any insurance policy:

Refused to renew/cancel/terminated a policy?
Refused a claim or required an increased premium under the policy?
Imposed Special conditions under the policy?

## Have you been:

Convicted of any criminal offence? Been declared bankrupt?

Please provide details below if you answered yes to any of the above