

CAR PROPOSAL MS AMLIN

REFERENCE NO:

It is essential that a definite answer be given to each question. Where the answer is printed in *italics* this is the answer you gave to us when we prepared your quotation, please check carefully that they are correct. Please use **BLOCK CAPITALS**. Ticks and Dashes are NOT sufficient. If you have insufficient room, please continue your answers on a separate sheet of paper making reference to the question concerned.

Personal Details of Proposer:

Mr/Mrs/Miss/Ms: First Name(s): Surname:

Date of Birth: DD / MM / YY Country of Birth:

Address:

Postcode: Email Address:

Mobile Number: Daytime/Work Number: Home Number:

Precise description of all full and part-time (paid and unpaid) occupations:

How long have you been resident in the Channel Islands and/or the United Kingdom?:

Years: Months:

Driving licence- is a full UK or Channel Island one held?

Yes No If no, please give details below:

Where was driving test passed, please state country:

Date when driving licence was obtained, if you have retaken driving test for any reason put all dates and reason why:

Vehicle Details			
Make and model of car			
Engine size in cc	cc		
Type of fuel	Petrol	Diesel	Gas
Type of transmission	Manual	Automatic	
Year of make			
Type of body (e.g. saloon, estate, hatchback, van, sport, coupé, cabriolet, people carrier, jeep, caravanette)			
Colour of bodywork			
Number of seats including that of the driver			
Price paid by purchaser			

Date purchased	DD / MM / YY	
Estimated current market value of vehicle including cost of all modifications and stereo kits etc.		
Registration number		
Type of cover required	Third party fire & theft Comprehensive	
Who is the principal driver of this vehicle?		
Driving restrictions, various options are available depending on the type of vehicle insured. Some attract discounts in premium. Please indicate your requirements for each car.	Insured only driving Insured and spouse only driving Named and approved drivers Any authorised driver aged 25 and over	
For what purpose is the vehicle used, please answer yes or no to each?		
Social Domestic and Pleasure	Yes	No
Business of Insured/Spouse & or employers	Yes	No
Commercial Travelling	Yes	No
Any other not mentioned	Yes	No
	If yes, give full details	
Is a voluntary excess (in addition to any compulsory excess) required for a discount in premium? If so enter amount.	Yes	No
	Amount £	
Is a No Claims Bonus available for this car?	Yes	No
If so enter amount and enclose documentary evidence of bonus for each car i.e. previous Insurer's renewal notice	Amount	% or
	Number of years claim free:	
Is this vehicle manufactured for the United Kingdom and/or European Community market? If not please give full details.	Yes	No
	If no, give full details	
Has the car been altered/modified/changed in any way (including optional extras) from the manufacturer's standard UK design or specification?	Yes	No
Engine Performance	Yes	No
Body work/trim (e.g. spoilers, body kits)	Yes	No
Wheels/suspension/brakes (e.g. alloy wheels, wide wheels, lowered suspension)	Yes	No
	If yes, give full details	
Is your car right hand drive?	Yes	No
Is your vehicle kept in a locked garage at your home address? If not, please state exactly where it is kept. (e.g. other garage/compound/your driveway/private land/carport/road or elsewhere)	Yes	No

How many times a year will the vehicle be taken to:	a) the UK b) Europe
Are you the sole owner of the car and is it registered in your name?	Yes No If no, give full details
Is the car fitted with an alarm/immobiliser?	Yes No If yes give make and model
Is the car fitted with a tracking device?	Yes No If yes give make and model
The policy limit for stereo sound systems is £1,000, does the equipment fitted exceed this value?	Yes No If yes give full description and state value.
Will this car at any time be driven by a person aged under 25?	Yes No
If yes does he or she own a vehicle that is separately insured	Yes No
How many cars are owned by you or members of your family?	

Individual driver details other than the proposer	Driver One	Driver Two	Driver Three	Driver Four
Name				
Age				
Date of birth	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY
Sex: Male/Female				
Relationship to Proposer				
Details of all Full and Part-Time (Paid and Unpaid) Occupations				
How long have they been resident in the Channel Islands or UK?				
How long have they regularly driven a car in the Channel Islands or United Kingdom?				
Type of Driving Licence held: (e.g. Full private car Jersey Licence)				
Where was Driving Test passed? Please state country				
Date when Driving Licence was obtained	DD / MM / YY	DD / MM / YY	DD / MM / YY	DD / MM / YY
Does this driver own their own vehicle?	Yes No	Yes No	Yes No	Yes No

General Questions re Drivers including the Proposer: Have You or any Person who may drive	
Any physical or mental defect, infirmity, diabetes, or fits of any kind or defective vision or hearing (not corrected by glasses, contact lenses or hearing aids)?	

Ever had any special conditions imposed on their driving licence by any relevant authority?	
In the past 5 years been charged with any motoring offence or is a prosecution pending?	
Been refused motor insurance, quoted an increased premium or had special terms imposed?	
Been convicted of any criminal offence or is any such prosecution pending?	
Who was your last Insurer? Please state their name and when your cover with them ceased	Name: Date cover ceased: DD / MM / YY

During the last FIVE years prior to this proposal been involved in any accident or loss in connection with any motor vehicle owned or used by you? If so full details must be provided whether or not you were to blame for the accident						
Date:	Driver:	Location/ circumstances:	Fault/non fault:	Cost of repairs to your vehicle:	Cost of repairs to other vehicles:	Injuries received by any party:

Important Notes:

- It is important that you should disclose all material facts; that is those facts that would influence an insurer in the acceptance or assessment of your proposal. Failure to disclose such facts may result in claims not being met. If you are in any doubt about whether a fact is material you should disclose it.
- For the purposes of the Data Protection (Jersey) Law 2005 the data controller is M J Touzel Insurance Brokers Limited trading as Islands Insurance. Information you supply will be passed to third parties for the purposes of providing insurance cover and claims handling. Such parties include:
 - Claims and Underwriting Exchange register run by Insurance Database Services Limited, the Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers and the Motor Insurer's Information Centre
 - Underwriters who in order to
 - prevent and detect fraud may at any time share information about you with other organisations and public bodies including the police and
 - establish credit worthiness may undertake credit checks and verification of identity to prevent money laundering.
- Islands Insurance and its agents may use your information to keep you informed by post telephone or email or other means about products and services which may be of interest to you, this could also be used after your policy has lapsed. If you do not wish your information to be used in this way then please write to us at the above address.

Declaration:

- I declare that the above statements are true and complete in every respect.
- I declare that no material fact or other information which might increase the risk or influence the granting of insurance by Underwriters has been withheld, misrepresented or suppressed.
- I agree that the vehicle or vehicles to be insured
 - will not be driven by any person who to my knowledge has been refused motor insurance
 - will be kept in a good condition and state of repair
- I agree that if any answer has been written or printed by any other person he/she shall for that purpose be regarded as my agent and not the agent of M J Touzel Insurance Brokers Ltd trading as Islands Insurance or the Underwriters.
- I agree that the statements in this application shall form the basis of the contract between the Underwriters and me and if the risk is accepted I undertake to pay the premium when called upon to do so.
- I understand that if I elect to pay premiums monthly, the liability of Underwriters will cease in the event of non-payment of any monthly premium on its due date.
- I confirm I have read the important notes section above and I understand the policy data may be used as described.

Signature
of Proposer: _____

Date: _____
am pm

Commencement of cover required: DD / MM / YY From
(Please note cover cannot in any circumstances be back dated)

A specimen copy of the policy wording is available on request.