

MOTOR INSURANCE

FACT FINDER

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MOTOR INSURANCE FACT FINDER

PART 1 - YOUR PERSONAL DETAILS

Title Mr/Mrs/Miss/Ms/Dr/Other	
Forename(s)	
Surname	
Date of birth	
Occupation	
Employers business	
Daytime telephone number	
E-mail address	

Your address including postcode

PART 2 - VEHICLE DETAILS

Make Model Engine size CC

No of doors No of seats Registration no Registration date

Body Type

Hatchback Saloon Estate Convertible Other

Fuel

Petrol Diesel Electricity LPG Other

Transmission

Manual Automatic

Purchase date Purchase price £ Current value £

- | | Yes | No |
|--|-----------------------------------|-----------------------------------|
| 1. Has the vehicle been fitted with any security devices (in addition to the manufacturer's standard devices)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the vehicle been modified from standard? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Where is the vehicle usually kept overnight? | | |
| Locked private garage <input type="checkbox"/> | Driveway <input type="checkbox"/> | Roadside <input type="checkbox"/> |
| Other <input type="checkbox"/> | | |
| 4. If the vehicle is kept in a garage not at your address as above, please provide the postcode of the garage. | | <input type="text"/> |

5. Are you the owner and registered keeper of the vehicle? Yes No
6. Are you the main user of the vehicle?

If you have ticked any of the shaded boxes, please give full details in the space provided at the end of this form.

PART 3 - COVER

Type of Cover

Comprehensive Third party, fire & theft Third party only

Usage

Social, domestic & pleasure (SD&P) SD&P plus commuting SD&P plus business use

Driving by

Insured only Insured & spouse Insured & named drivers

PART 4 - DRIVER DETAILS

	Applicant	Driver 2	Driver 3
Title			
Forename			
Surname			
Date of birth			
Occupation			
Employers business			
Relationship to applicant			
Date licence obtained			
Type of licence (full, provisional, or international)			
Annual mileage			
Annual business miles (if applicable)			
Does the driver have use of another car?			

1. Have you or anyone who will drive the vehicle:
 a) been involved in any motor accidents or suffered any other motor insurance losses, whether a claim was made or not, within the last five years? Yes No

If yes, please give full details below:

Driver's name	Date of incident	Cost	Circumstances	At fault? Yes/No	NCD lost? Yes/No
		£			
		£			

Continue on a separate sheet if necessary.

b) received a fixed penalty notice or been convicted of a motoring offence within the last five years, or do you or they have any prosecutions pending?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give full details below:

Driver's Name	Date of offence	Date of conviction	Offence code	Sentence and/or fine	Penalty points

Continue on a separate sheet if necessary.

c) ever had any insurance cancelled or turned down or had any special terms applied?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

d) any medical condition?

<input type="checkbox"/>	<input type="checkbox"/>
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If yes, please give full details below:

Driver's name	Condition	Date diagnosed	Date of last occurrence	DVLA notified? Yes/No	Licence restricted? Yes/No

Continue on a separate sheet if necessary.

PART 5 – PREVIOUS INSURANCE AND NO CLAIM DISCOUNT

1. Do you currently hold any private car insurance or have you held any private car insurance in your own name during the last two years?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If you have answered yes to question 1, please complete questions 2 - 5:

2. Who are your current or last insurers?

3. To how many years no claim discount are you entitled?

 yrs

4. Do you wish to protect your no claim discount?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

5. When does your current insurance expire or from when do you require insurance?

If you have ticked any of the shaded boxes in this form or if there is any other information that you think may be relevant to your insurance, please provide full details in the space below and continue on a separate sheet if necessary:

ADDITIONAL INFORMATION

IMPORTANT

You should disclose all material facts which may affect acceptance or assessment of your insurance. If you are unsure whether a fact is material or not, please disclose it anyway. Failure to do so may make your insurance invalid.