

Motor

Quotation Request

01 Proposers Details

Name	.....	Date of Birth	.....
Occupation	.....	Current Insurer	.....
Renewal Date	.....	Target Premium	.....
Address	.....	

02 Vehicle Details (Insurers use Car Data Check - please provide the vehicle registration numbers where possible)

	New Vehicle 1	New Vehicle 2	New Vehicle 3
Registered owner and keeper
Registration number
Manufacturer
Exact model (e.g. XC90)
Engine size (cc)
Date of manufacture
Date of purchase
Any Modifications?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Current Market Value
Security Devices
Where kept overnight
Eircode where kept overnight
Annual mileage
Drivers required
Main user
Class of use
Excess required	€500 <input type="checkbox"/> €1000 <input type="checkbox"/>	€500 <input type="checkbox"/> €1000 <input type="checkbox"/>	€500 <input type="checkbox"/> €1000 <input type="checkbox"/>
No. yrs No Claims Discount
Is Protected NCD required	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

03 Driver Details

Proposer

Name: Date of Birth:

Occupation/business: Relationship to client:

Type of License/period held (Full ROI/Prov ROI/Full EC) Years resident in ROI:

Number of years NCB Do they reside at the main address? **Yes** **No**

Medical conditions (that warrant disclosure to relevant registration auth.)

Driver One

Name: Date of Birth:

Occupation/business: Relationship to client:

Type of License/period held (Full ROI/Prov ROI/Full EC) Years resident in ROI:

Number of years NCB Do they reside at the main address? **Yes** **No**

Medical conditions (that warrant disclosure to relevant registration auth.)

Driver Two

Name: Date of Birth:

Occupation/business: Relationship to client:

Type of License/period held (Full ROI/Prov ROI/Full EC) Years resident in ROI:

Number of years NCB Do they reside at the main address? **Yes** **No**

Medical conditions (that warrant disclosure to relevant registration auth.)

Driver Three

Name: Date of Birth:

Occupation/business: Relationship to client:

Type of License/period held (Full ROI/Prov ROI/Full EC) Years resident in ROI:

Number of years NCB Do they reside at the main address? **Yes** **No**

Medical conditions (that warrant disclosure to relevant registration auth.)

04 Accidents, Claims and Convictions

Any loss (whether claimed or not) or convictions during the last five years for all drivers)

Driver	Date of loss	Incurred Amount	Claim cause, details and driver associated
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Driver	Date of conviction	Type of conviction	Penalty points/fine/driver associated
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Fault claims

Yes

No

05 *Any additional information

(Please use this section to provide full details of any additional modifications to your vehicles, if your vehicle is imported, left hand drive, whether any aftermarket security devices are installed, any trailer or sidecars are to be included)

06 Previous experience of performance cars

(Please give details of all named drivers experience i.e. previous vehicles owned etc.)

Empty rectangular box for additional information.

