

Select Car Insurance



Proposal

Before completing this proposal please note specifically that failure to disclose all material information, i.e. information which is likely to influence the acceptance of risk and the terms applied, could invalidate the Insurance. If you are in doubt as to whether the information is material, it should be disclosed. It is an offence under the Road Traffic Acts to make any false statements or withhold any material information to obtain a Certificate of Insurance. A copy of this completed proposal will be supplied upon written request.

Use Block Capitals throughout. Tick boxes where appropriate. Use a separate sheet if answer space is insufficient.

1: You the Proposer

Forenames Surname

Address

Address at which the car is normally kept (if different)

Occupation and nature of any business including part time Telephone Number(s) Home Business

2: Your Car

Registration number	Make and exact model	Type of body eg saloon	Engine capacity	Year of make	Date of purchase	Estimate of present value

- Has your car been modified or converted in any way Yes No 1. If 'Yes', give details
- Is the car a previously registered import? Yes No 2. If 'Yes', give details
- Do you own the car? (for the purpose of this question, buying the car under Hire Purchase signifies ownership) Yes No 3. If 'No', give details
- Do you own or have the full time use of any car other than that specified above? Yes No 4. If 'Yes', give details of Make, Model and Insurer

3: Drivers

(in all cases driving will be restricted to approved named persons)

Do you wish driving to be restricted to **you** or **you** and spouse only? Yes No

Give details of **you** and **all** others who wish to drive:

Please insert Mr, Mrs or Miss, initials and surname	Occupation (If more than one, give details of each)	Date of Birth	Type of Driving Licence (Irish/UK) currently held				
			Full/Prov	Licence Number	Expiry Date	How Long Held	No. of Penalty Points
You \longrightarrow							

- | | | | | | |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| Have you, or any of the persons who will drive: | Yes | No | g) had, during the last 4 years any accident, loss or claim (whether no claims discount was protected or not) in connection with any motor vehicle? | Yes | No |
| a) resided outside the Republic of Ireland or the United Kingdom during the past 3 years? | <input type="checkbox"/> | <input type="checkbox"/> | g) had, during the last 4 years any accident, loss or claim (whether no claims discount was protected or not) in connection with any motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) suffered from Diabetes, Epilepsy, Heart Condition or any other physical or mental disability, infirmity or disease, or are taking any medication which may impair driving ability? | <input type="checkbox"/> | <input type="checkbox"/> | If 'Yes', please give full details on a separate sheet including (if appropriate) name, date, type of offence, penalty, circumstances and costs. | <input type="checkbox"/> | <input type="checkbox"/> |
| c) ever had any motor insurance declined or cancelled? | <input type="checkbox"/> | <input type="checkbox"/> | Are you now, or have you ever been insured in respect of any motor vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |
| d) ever been convicted of an offence in connection with a motor vehicle (including Penalty Points) or have any prosecutions pending? | <input type="checkbox"/> | <input type="checkbox"/> | If 'Yes', state: Present Insurer and Policy Number: | <input type="checkbox"/> | <input type="checkbox"/> |
| e) ever been convicted of, or are there any prosecutions pending for any other criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f) had a driving licence suspended at any time? | <input type="checkbox"/> | <input type="checkbox"/> | If you are entitled to No Claims Discount/Bonus from previous Insurers state number of years and percentage and attach Insurer's renewal notice/Proof of No Claims Discount | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="text"/> Years <input type="text"/> % | | |

4: Your Insurance Requirements

Tick type of cover required **Comprehensive** **Third Party Fire & Theft** **Third Party Only**

Tick class of use Social, Domestic & pleasure Class 1 Class 2

Do you require the Policy to be extended to include (Please tick box if you require cover)

a) Windscreen damage with NCD Protection

b) Optional Additional Benefits

c) NCD Protection – 2 Claims costing not more than €10,000 within a 3 year period
– 2 Claims only in a 3 year period (unlimited amount paid)

d) Additional Voluntary Excess of €200 (Premium discount applies)

Uncoupled Trailer Cover

This Policy covers the Road Traffic Act liability of any person insured by the Policy in respect of any detached single-axle trailer up to a half tonne unladen weight (excluding caravans, mobile homes, trailer tents any any trailer which incorporated machinery or other equipment)

If our quotation is acceptable, when is the Insurance to commence?

Note: No Insurance is in force until a Certificate of Insurance has been issued.

5: Declaration

I declare that to the best of my knowledge and belief the statements made by me or on my behalf are true and complete and I have not withheld any information material to this proposal. I accept full responsibility for statements made on my behalf. I undertake that the car to be insured is and will be maintained in a roadworthy condition and will not be driven by any person who to my knowledge has been refused motor vehicle

insurance or continuance thereof. I agree that this proposal and declaration shall be incorporated in the contract between me and RSA Insurance Ireland Limited and I agree to be bound by the terms of the policy.

Signature Date

RSA Customer Service

Customer Complaints Procedure

We are anxious to provide the highest quality of customer service at all times. We are eager therefore to learn about any aspect of our service or products not meeting customer expectations.

If you have a complaint in connection with company service, the details of your policy or treatment of a claim please contact your insurance broker or contact our Customer Service Manager, RSA Insurance Ireland Ltd, RSA House, Dundrum Town Centre, Sandyford Road, Dublin 16
Tel: 1890 290 100
Outside Ireland Tel: +353 1 290 1000

In the event of the issue not being resolved you may contact:

- The Insurance Information Service of the Irish Insurance Federation, 39 Molesworth St, Dublin 2
Tel: 01-676 1820
- Financial Services Ombudsman's Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2
Tel: 1890 88 20 90 or 01-662 0899

Following the above procedures does not in any way affect your right to take legal action.

Contract Law

The parties to a contract of insurance covering a risk situated in the Republic of Ireland, are permitted to choose the law applicable to the contract. This insurance contract will be governed by Irish Law.

Mid Term Alterations - Minimum Premium

Should any change to the cover agreed by the Insurer result in an additional or return premium under €25 no charge or rebate will apply in respect of such sum.

Data Protection Information

All personal information supplied by you will be treated in confidence by RSA Insurance Ireland Limited and will not be disclosed to any third parties except where your consent has been received or where permitted by law or as required in the performance of existing contracts of insurance. In order to provide you with products and services this information will be held in the data systems of RSA Insurance Ireland Limited or our agents or subcontractors.

