# Commercial Motor Insurance

# Proposal



### For Goods Carrying Vehicles, Agricultural Vehicles & Special Type Vehicles

Before completing this proposal please note specifically that failure to disclose all material information, or disclosures of false information could result in the policy becoming void, a claim not being paid, claims paid being recovered from you, you becoming liable for additional premiums which we reserve the right to collect and Terms and Conditions of the policy being amended. Should we take any of these actions against you, then you will be obliged to disclose them on any future request for cover or quotation. These are considered as the application of Terms and this enforced action by us, may affect your ability to get insurance cover in the future. Material information is any fact that RSA Insurance Ireland Limited (RSA) would regard as likely to affect the acceptance or assessment of the risk. Information we require is included in the questions asked below, which includes for example, current medical details or history in respect of you or anyone else you propose to drive, and details of any claims previously made or submitted by you or anyone else you propose to drive. It is recommended that you keep a record (including copies of letters) of all information supplied for the purpose of this insurance. By signing the declaration below you warrant and represent to us that in respect of any information of any person which you provide to us, you have the authority of that person to disclose such information to us and for all the purposes set out in this form and to give the consents set out above on behalf of each such person.

Use Block Capitals throughout. Tick 🗸 boxes as appropriate. Use a separate sheet if answer space is insufficient. Please answer ALL questions.

#### The Proposer

Full Name		
Address		
Occupation		Nature of Goods Carried
If more than one give de	tails of each	
Telephone Number		Are you Self-employed? Yes No
Current Insurer		Date Cover Required

#### Vehicle and Use

3. Vehicles/Trailer details - please study the Trailer section **below** before inserting details of any Trailers

Registration Number	Make and model of Vehicle/Trailer	Type of Body (eg tanker, tipper etc)	Gross Vehicle Weight*	Seating Capacity (Inc. Driver)	Year of make	Date purchased	€ <sup>Value**</sup>	Insert cover required Comp or TPF&T)	NCD yrs %	
							€			
							€			

\* For articulated units and attached trailers show Gross Train Weight

\*\* Our maximum payment for any loss or damage to your Vehicle, covered under this Policy, will be the market value of Your Vehicle immediately preceding the incident but will not exceed the most recent vehicle value you declare to us prior to the loss.

4.	Is the owner of the vehicle or registered keeper anyone other than yourself?			7.	Will a trailer be attached to the vehicle?	Yes	No	I
	(Hire Purchase signifies ownership)	Yes	No 🗌	8.	Will passengers be carried for hire or reward?	Yes	No	
5.	Has (or will) any vehicle (or trailer) been (be) modified specially built or fitted with special equipment?	, Yes	No		Will any vehicle be used for the carriage of other people's goods?	Yes	No	
6.	Will any vehicle carry goods of an inflammable, corrosive, explosive or toxic nature?	Yes 🗌	No	10.	Will any vehicle be hired to other persons or firms?	Yes	No	
lf '۱	es' to any of questions 4 - 10 give full details							

II. Will a trailer be attached to the Vehicle?

Yes No

No

Do you require Road Traffic Act cover in respect of trailers used in a public place whilst

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2)	Coupled	
a	Coupica	

a) Uncoupled

Yes	No	

Yes

If 'Yes' to a) and/or b) please complete the following details:

Make	Identification No.	Model	Туре	Gross Laden Weight	Value
					€
					€
					€
					€

12. (a) Number of motor vehicles currently owned or operated (b) Name(s) of present Insurer(s) and policy number(s)   Private Car Other Vehicles   (c) If you are entitled to No Claim Discount, attach original of Insurer's renewal notice.									
	you wish to increase yo NCD protection for wi breakage - See Guide	indscreen	over to include:		Accident, Medical and Personal Effects	Yes N	10		
14. Dat	e business established	/ /							
Drive	ers								
15.	Give details of yourself	and <b>ALL</b> others wh	o may drive includ	ling details of Current Iris	h/UK Driving Licence(	s)			
	Full Name	Occupation	Date of Birth	Class(es) of Licence	Full or Prov.	Licence No.	How long held		
You	rself	<b></b>							
<u> </u>									
<u> </u>									
16. Ha	ave you or any Principal c	of the business or ar	y person who may	y drive:					
(i)	had during the past 4 yoor not) in connection w			her no claims discount w alty points)?	ras protected		Yes No		
(ii)				nection with any motor possible prosecutions out			Yes No		
(iii	) ever been disqualified t	from holding a drivir	ng licence?				Yes No		
(iv	) ever been convicted o	f, or are there any p	rosecutions pendir	ng, for any other criminal	offence?		Yes No		
(v)	) ever had any Motor In:	surance declined or	cancelled, or had s	special terms imposed?			Yes No		
(vi	(vi) suffered from diabetes, epilepsy, heart condition or any other condition, physical or mental disability, infirmity disease or are taking any medication which may impair the ability to drive? Yes No								
(vi	i) resided outside the Re	public of Ireland or	the United Kingdo	m during the past three	years		Yes No		
	f you have answered 'Yes' to any of the above, give details below. Include name of driver, date, circumstances of accident/loss and daily dosage and name of drugs where applicable. In respect of convictions please advise date of conviction, conviction details, penalty imposed and number of penalty points.								

For Broker use only

Broker / Agency No:

Name and Address:

Ouote Ref:

Premium Quoted:

Note: No Insurance is in force until a Certificate of Insurance has been delivered to the Proposer.

# IMPORTANT NOTICE

#### 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.

## **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

**Declaration** I/we declare that to the best of my/our knowledge and belief the statements made by me/us or on my/our behalf are true and complete, and I/we have not withheld any information material in this proposal. If this form has not been completed by me/us personally, I/we declare also that I/we have read the completed form and accept full responsibility for the answers. I/we understand that the vehicles to be insured will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof. I/we agree that this proposal and declaration shall be incorporated in the contract between me/us and RSA Insurance Ireland Limited and I/we agree to be bound by the terms of the policy.

#### Signature

Name (Position held in company)

Date

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# Data Protection

RSA Insurance Ireland Ltd recognise that protecting personal information including sensitive personal information, is very important and we recognise that you have an interest in how we collect, use and share such information.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

# What Does RSA do with Your Personal Data

Information you provide will be used by RSA for the purposes of processing your application and administering your insurance policy. RSA may need to collect sensitive data relating to you (such as medical or health records or convictions) in order to process your application and/or any claim made.

All information supplied by you will be treated in confidence by RSA and will not be disclosed to any third parties except (a) to our agents, sub-contractors and re-insurers (b) to third parties involved in the assessment, administration or investigation of a claim, (c) where your consent has been received or (d) where permitted by law. In order to provide you with products and services this information will be held in the data systems of RSA or our agents or subcontractors.

RSA may pass your information to other companies for processing on its behalf. Some of these companies may be based outside the EEA, but in all cases RSA will ensure that its transfers of data are lawful and that your information is kept securely and only used for the purposes for which it was provided. Calls to RSA may be recorded for quality assurance or verification purposes.

## Fraud Prevention, Detection & Claims History

In order to prevent and detect fraud and the non-disclosure of relevant information RSA may at any time:

- Share information about you with companies within the RSA Insurance Group, other organisations outside the RSA Group including where applicable private investigators and public bodies including An Garda Síochána;
- Check and / or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

RSA may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies with RSA;

- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

## Insurance Link Database

Information about claims (whether by our customers or thirdparties) made under policies that we provide is collected by us when a claim is made and is placed on an insurance industry database of claims known as **Insurance Link**. This information may be shared with other insurance companies, self insurers or statutory authorities.

Insurance companies share claims data:

- a. to ensure that more than one claim cannot be made for the same personal injury or property damage
- b. to check that claims information matches what was provided when insurance cover was taken out
- c. and, when required, to act as a basis for investigating claims when our recorded information is incorrect or when we suspect that insurance fraud is being attempted.

The purpose of Insurance Link is to help us identify incorrect information and fraudulent claims and, therefore, to protect customers.

Guidelines for sharing your information with other insurance companies, self-insuring organisations or statutory authorities are contained in the Data Protection Commissioner's Code of Practice on Data Protection for the Insurance Sector which is available at www.dataprotection.ie

Under the *Data Protection Acts 1988* and *2003* you have a right to know what information about you and your previous claims is held on Insurance Link. If you wish to exercise this right then please contact us at the address below.

## How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you and to seek rectification of any inaccurate data. If you have any questions, or you would like to find out more about this notice you can write to the Data Protection Officer, RSA Insurance Ireland Ltd, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.

## Consent

By providing us with your information you consent to all of your information being used, processed, disclosed and retained as set out above.



RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16. Telephone 1890 290 100. Facsimile (01) 290 1001 RSA Insurance Ireland Limited is registered in Ireland under number 148094 with registered office at RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16. RSA Insurance Ireland Limited is regulated by the Central Bank of Ireland.

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