

Private Car Insurance

Proposal form

Notes

Please use BLOCK CAPITALS, insert Yes or NO where appropriate and initial any amendments.

A Proposer

Agent's name

Agent's number

Policy number

Title (Mr, Mrs, Miss etc.)

First name

Surname

Date of birth

Type of licence (e.g. Irish, EU, Full, Provisional)

Daytime tel. no:

Evening tel. no:

Email address:

Postal address

Address at which vehicle is kept (if different from postal address)

Occupation

☐ Full

☐ Part time

Employer's business

☐ Full

☐ Part time

Cover to commence from:

To:

B The Vehicle

Make and exact Model (e.g. DL, GL)

Type of body (e.g. Saloon, Soft Top)

CC

Fuel (e.g. petrol/diesel)

Transmission (e.g. manual/automatic)

Registration no.

Year of make

Date purchased

Present value

Left hand drive?

No. of fixed seats

Has the vehicle/trailer been altered/modified in any way from manufacturer's design or specification? ☐ Yes ☐ No
(e.g. side windows, additional seating)

If Yes, please provide details:

Where is the vehicle kept overnight? (Tick as appropriate)

Garage ☐

Private property ☐

Public highway ☐

Is the vehicle owned by you and registered in your name?

☐ Yes ☐ No

If No, please provide details:

Do you or your spouse/partner own or lease any other vehicle(s)?

☐ Yes ☐ No

If Yes, please provide details:

Is the vehicle registered as a private car or commercial vehicle?

C Cover and use

Vehicle cover required: (Tick as appropriate)

Comprehensive ☐

Third Party Fire & Theft ☐

Will a trailer be used?

☐ Yes ☐ No

If Yes,

Trailer description

Size/Capacity

Serial no:

Value

Trailer cover required: (Tick as appropriate)

Comprehensive ☐

Third Party Fire & Theft ☐

Classification of use:

*Class 1: Use for Social Domestic and Pleasure purposes and also by the Insured in person for his/her business or profession, but excluding use for hire or reward, commercial travelling, racing, pacemaking, speed testing or the carriage of goods or samples in connection with any trade or business.
If you require additional cover please refer to Zurich.*

Estimated annual mileage

D No Claim Discount

Do you hold or have you ever held insurance in your own name?

☐ Yes ☐ No

If Yes, please specify:

Name of insurer

Expiry date

No. of Years No Claim Discount

%

If you are entitled to a No Claim Discount in respect of the proposed vehicle, please attach the previous insurer's renewal notice or other evidence of No Claim Discount.

E Optional extension

Do you wish to: Protect your No Claim Discount?

☐ Yes ☐ No

Add Windscreen Cover? (Automatically covered under Comprehensive Policies)

☐ Yes ☐ No

Add Motor Legal Expenses Cover?

☐ Yes ☐ No**F Drivers**

If the proposal is in the name of a Limited Company then all drivers must be listed here.

If the proposal is in a private name then only drivers other than the proposer need be listed.

	Driver 2	Driver 3	Driver 4
Full name			
Gender			
Date of birth			
Type of licence (e.g. Irish, EU, Full, Provisional)			
Relationship to proposer			
Occupation (Full/Part time)			
Employer's business (Full/Part time)			
Own insurance or full time use of company car?			

Are you the main driver of the vehicle?

☐ Yes ☐ No

If No, state name of main driver:

G Driving and medical history

Have you or any named driver above:

1. had any accidents, losses or claims during the past three years?
(regardless of blame and whether reported to the insurer or not)
2. ever been convicted of any offence in connection with any motor vehicle or are there any
Garda enquiries or prosecutions pending?
3. had any insurance proposal or renewal declined, policy cancelled or subjected to any
increased premium or any excess or special condition?
4. (a) any medical condition that requires notification to the licensing authority?
(b) if Yes, has such condition been disclosed to the licensing authority?

☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No☐ Yes ☐ No

(If Yes to questions 1 and/or 2 above, please provide full details)

Name	Date of accident/ prosecution/conviction	Type of claim/Total cost and/or outstanding estimate	Details of accident and/ or penalty imposed as a result of conviction

(If Yes to question 3 above, please provide full details)

Name	Details

H Data Protection

Zurich Insurance plc ('Zurich') will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles.

Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Financial Services Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Financial Services Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Financial Services Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please tick here if you do not wish your information to be utilised for these purposes ☐

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention).

Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurich.ie or requested by writing to our **Data Protection Officer at Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4.**

I Declaration

1. I/We declare to the best of my/our knowledge and belief that the information given on this form is true in every respect.
2. I/We declare that if anything on this form was written by another person he or she acted as my/our agent for this purpose.
3. I/We agree that this proposal and declaration shall be the basis of the contract between me/us and the Insurer.

Signature

Date

IMPORTANT NOTICE: Failure to disclose material facts could result in your contract being invalidated. Material facts are those facts which might influence the acceptance or assessment of your proposal. If you are in doubt as to whether a fact is material you should disclose it. A copy of this proposal form is available on written request within three months from the date of this proposal. Full details of the cover provided appears in the policy document, a copy of which is available on request. Telephone calls may be recorded for security and training purposes.

The Insurer reserves the right to decline any proposal.