

Motor Insurance Change in Authorised Drivers Declaration Form

Name of Policyholder

Vehicle Reg. No.

The motor vehicle will be driven by : (Tick where applicable)

1	<input type="checkbox"/>	Yourself Only
2	<input type="checkbox"/>	Yourself and your spouse/partner (Please state spouse's/partner's Date of Birth) / /
3	<input type="checkbox"/>	Any licensed driver with your permission aged 25 years or over
4	<input type="checkbox"/>	Any licensed driver with your permission aged 21 years or over
5	<input type="checkbox"/>	Any licensed driver with your permission aged 18 years or over
6	<input type="checkbox"/>	You and any person in your employ or driving on your order or with your permission (Commercial Vehicles only)
7	<input type="checkbox"/>	Named driver(s)
8	<input type="checkbox"/>	You and one named driver aged between 30 and 75 years.

Please give details of drivers :

Name of Driver	Extent of use (see note)	Date of Birth	Identity Card or Passport No.	Occupation	Extent of recent driving experience	Type of driving licence held	Number of accidents or losses during the past 3 years
You the Proposer							

NOTE : Show in Extent of Use column 'M' for main driver, 'R' for Regular driver, 'O' for occasional driver.

FOR PRIVATE CAR COMPREHENSIVE POLICIES ONLY

Please tick box if you would like the main driver of the vehicle to benefit from the Personal Accident cover instead of yourself.

☐

Have any of the above drivers :

Yes or No

1. been convicted of any offence in connection with any Motor Vehicle or is any prosecution pending ?

☐

2. have defective vision or hearing or any other physical defect or infirmity ?

☐

3. has any Company or Underwriter ever :

(a) declined your Motor Insurance proposal, refused to renew your Motor policy or cancelled your Motor policy ?

☐

(b) required and increased premium or imposed special conditions ?

☐

(c) required you to carry the first portion of any loss ?

☐

Use this space to include details of claims or losses or details if you have replied 'Yes' to the above questions

Comprehensive Motor Plus

Hire of a replacement car while your car is being repaired following a motor accident up to a maximum of:

€250 (Drivers over 21)

☐

€250 (Drivers over 25)

☐

€350 (Drivers over 21)

☐

€350 (Drivers over 25)

☐

Voluntary Excess (Private Car)

Increase by :

☐ €50 (total €100)

☐ €150 (total €200)

Voluntary Excess (Commercial Vehicle)

Increase by :

☐ €55 (total €110)

☐ €175 (total €230)

DECLARATION (Very Important)

You are reminded of the need to disclose any facts which the insurer would take into account in the assessment and acceptance of this proposal. If you have any doubts as to whether certain facts are relevant, please ask us or your Insurance Adviser. Failure to disclose all relevant facts may invalidate your policy or may result in your policy not operating fully.

This insurance does not commence until this declaration form has been accepted by us and the premium paid except as provided by an official Cover Note or Certificate of Insurance issued by us.

Effective Date of Change

Day Month Year

Time am pm

Signature

Date