

Motor Insurance Change in Authorised Drivers Declaration Form

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|--|---|--|--|---|---|------------------------------|--|
| Name of Policyholder | | Vehicle Reg. No. | | | | | |
| The motor vehicle will be driven by: (Tick where applicable) | | | | | | | |
| 1 | self Only self and your self and your icensed driv icensed driv icensed driv and any pers and driver(s) | r spouse/partn er with your p er with your p er with your p on in your emp | er (Please state spouse ermission aged 25 year ermission aged 21 year ermission aged 18 year ploy or driving on your between 30 and 75 ye | s's/partner's Date of rs or over rs or over rs or over r order or with your | | / | les only) |
| Please give details of drivers : | | | | | | | |
| Name of Driver Extent of use (see not | | 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 | | | | | | | |
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| 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: 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: ϵ 350 (Drivers over 21) (Limit of ϵ 250 is standard as per policy wording) | | | | | | | |
| Voluntary Excess (F Voluntary Excess (C The above excesses are | Commercial | Vehicle) Inci | | □ €50 □ €55 (total €11 | | 150 175 (total €23) | 0) |
| DECLARATION (Very Important) | | | | | | | |
| have any doubts as to | o whether ce | rtain facts are r | elevant, please ask us or policy or may result in claration form has been a | your Insurance Advi | ser. Failure to dis rating fully. e premium paid ex | close all releva | ce of this proposal. If you nt facts may invalidate you d by an official Cover Not |
| | onth | Year | Signature | · | | Date | |
| Time | am | pm | | | | | |