

Motor Insurance Change in Cover Form

Name of Policyholder

ID. Card No.

Vehicle Reg. No.

1. YOUR INSURANCE COVER (if downgrading cover, fill only Section 1 and sign)

Comprehensive

Third-Party Fire & Theft

Third Party Only

2. YOUR MOTOR VEHICLE

Your estimate of the vehicle's current market value

(Important Note – Your estimate should include accessories, spare parts and duty. We recommend that you revise this value regularly since the amount payable in the event of a total loss will be the market value at the time of the loss.)

Date of Purchase

Price Paid

Is the vehicle a convertible?

YES

NO

Is the vehicle fitted with a canvas sunroof?

YES

NO

Does the vehicle have factory fitted Audio Equipment?

YES

NO

If 'No' input details.:

Is the vehicle fitted with a multi-circuit alarm system?

YES

NO

Is the vehicle usually left overnight:

a) In a building

b) In the open

If vehicle is kept in a Garage please list address:

3. DRIVING RECORD

To the best of your knowledge and belief have you, your spouse or any other person had any motoring accident and/or claim during the last 5 years?

If yes, please list details:

4. ADDITIONAL BENEFITS

The following benefits are available at an additional premium, please tick the ones you require and provide the details requested.

Audio Equipment Extension (Please state make if not factory fitted; copy of receipt/valuation required)

Comprehensive *Private and Commercial Vehicle (For Commercial vehicles of up to 3.5T and individually owned)

Hire of a replacement vehicle if your vehicle cannot be used as a result of damage, fire or theft insured under this policy up to a maximum of €350 (Drivers over 21 years)

**Limit of €250 is standard as per policy wording for private vehicles only.*

Voluntary Excess (Private/Commercial Vehicles) – Increase by:

€50

€150.

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.

Effective Date of Change

Day Month Year

Time / am/pm

Signature:

Date:

MOTOR VEHICLE CONDITION REPORT

For Motor Insurance Purposes

NAME OF POLICYHOLDER

ADDRESS

ID CARD NUMBER

TEL NO

MOBILE NO

MAKE

MODEL

YEAR

CC

FUEL TYPE

Petrol/Diesel

COLOUR

BODY TYPE

REG NO

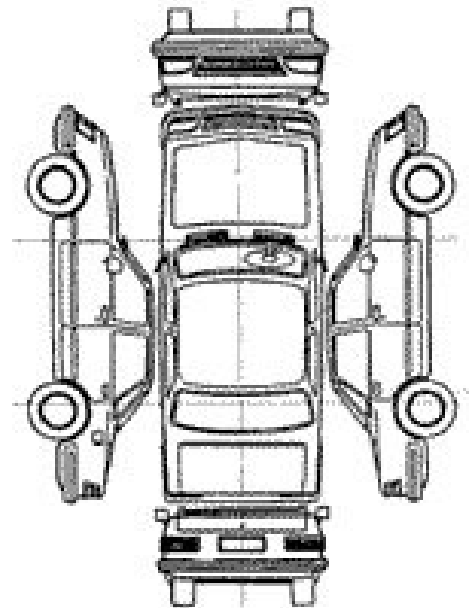
ENGINE NUMBER

CHASSIS NUMBER

NON-STANDARD ACCESSORIES (tick as appropriate)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Audio equipment | <input type="checkbox"/> Spoilers | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Alloy Wheels | <input type="checkbox"/> Luggage Rack | <input type="checkbox"/> Power Steering |
| <input type="checkbox"/> Fog Lamps | <input type="checkbox"/> Head Rests | <input type="checkbox"/> Central Locking |
| <input type="checkbox"/> Special Seats | <input type="checkbox"/> Seat Covers | <input type="checkbox"/> Others: (describe) |

MARK APPARENT DAMAGE



CONDITION (Tick box)

	EXCELLENT	GOOD	AVERAGE	POOR
Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paintwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upholstery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tyres	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MILEAGE

DETAILS OF ENGINE MODIFICATIONS (if any)

POLICYHOLDER'S ESTIMATE OF CURRENT MARKET VALUE €

NAME OF PERSON INSPECTING VEHICLE:

DATE:

SIGNATURE:

The amount to be paid in the event of a total loss is determined by the policy terms and conditions. This form does not prejudice these terms and conditions in any way, and the value declared here is not be considered as an "agreed value".