

Motor Insurance Change in Authorised Drivers Declaration Form

Name of Policyholder

ID. Card No.

Vehicle Reg. No.

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

- | | | |
|---|--------------------------|---|
| 1 | <input type="checkbox"/> | You Only. |
| 2 | <input type="checkbox"/> | You 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 (<i>Commercial Vehicles only</i>). |
| 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 Number	Occupation	Extent of recent driving experience	Type of driving license 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:

- | | |
|---|--------------------------|
| 1. Been convicted of any offence in connection with any Motor Vehicle or is any prosecution pending? | Yes or No |
| 2. Have defective vision or hearing or any other physical defect or infirmity? | <input type="checkbox"/> |
| 3. Has any Company or Underwriter ever: | <input type="checkbox"/> |
| a) Declined your Motor Insurance proposal, refused to renew your Motor policy or cancelled your Motor policy? | <input type="checkbox"/> |
| b) Required and increased premium or imposed special conditions? | <input type="checkbox"/> |
| c) Required you to carry the first portion of any loss? | <input type="checkbox"/> |

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

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: