

PRIVATE MOTOR INSURANCE ADDITIONAL VEHICLE FORM



IMPORTANT: It is an offence under the Road Traffic Law to make a false statement or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance and great care must be taken to ensure that this form is fully completed. For Risks written outside the Bailiwick of Guernsey the Insurer is Royal & Sun Alliance Insurance Ltd

PLEASE COMPLETE IN BLOCK CAPITALS

Premium	<input type="text"/>
Broker/Agent	<input type="text"/>
Quote Ref	<input type="text"/>
OFFICE USE ONLY	
Policy No	<input type="text"/>
Authorised	<input type="text"/>

Broker/Agency

Mr, Mrs, Ms, Miss

Full Name

Address

Postcode:

How long have you been at this address

Telephone No. Email address

Address where vehicle is normally kept (if different from above)

Postcode:

Precise Occupation (including any part time or casual) and nature of duties

Marital status (tick box) Married Single Widowed Divorced

Insurance required from am/pm on

Who will drive?

1. Please indicate in the appropriate box who will drive?

- (a) Yourself
- (b) Yourself and Spouse
- (c) Yourself and other named drivers
- (d) Any authorised driver over 25 years of age

(NB all drivers under 25 years of age must be named.)

2. In every case please give details of ALL persons who you know will drive the car, even if only driving occasionally.

Drivers	Full Name	Date of Birth	Precise occupation (including any part-time or casual) and nature of duties	Type of CI/UK Licence held (Full or Prov)	Date Passed CI/UK driving test	Who is the Main Driver of this car (please tick)	Approximate Future Annual Mileage (per Driver) in this car
Yourself		/ /					
Your Spouse		/ /					
Other Drivers		/ /					
		/ /					
		/ /					

Accessories (This section is only applicable if Comprehensive or Third Party Fire & Theft cover is selected.)

N.B Cover for accessories designed for audio or visual entertainment or for communication purposes e.g Radios, Cassette Players, In Car Telephones, applies only to permanently fitted items and is subject to a **limit of £1,000** in any one occurrence.

If you require a higher limit than £1,000 please state the amount of cover you require up to a **maximum of £2,000**.
An additional premium will be charged for this.

Please indicate the cover you require

Comprehensive (£100 compulsory excess applies)

Third Party Fire & Theft

Third Party

Voluntary Excess (Applicable only if Comprehensive cover is selected.)

If you have selected Comprehensive cover your premium will be reduced if you agree to pay an additional amount (excess) for each damage claim to your car(s).

NB A young/inexperienced driver excess or other compulsory excess, e.g. due to the type of car, may apply to your policy and will be in addition to any Voluntary Excess you select.

Please select the Voluntary Excess you require.

£50

£100

£250

If you have ticked any of the shaded boxes please give full details on the 'additional information' section at the end of this proposal form.

No Claim Discount Please answer where appropriate (tick box)

1. Are you entitled to No Claim Discount? Yes No If Yes, Number of Claim Free Years

2. Please give details of your last insurer or attach your latest renewal notice (a photocopy is not acceptable)

(a) Insurer's Name (b) Policy number (c) Cancellation/Lapse date

NB We may contact your previous insurer to verify information

3. Do you require No Claim Discount Protection? Yes No

If you are not entitled to No Claim Discount, and are aged 25 or over, you may be eligible for an **Introductory** No Claim Discount. If so please complete the following question.

In the last 5 years have you or the main user of the car:

(a) Owned a car Yes No (b) Regularly driven cars belonging to others Yes No

If Yes, please specify

Extra Help (24 Hour Legal advice and expenses up to £25,000 an additional premium is payable for this facility)

Do wish to Have Extra help? Yes No

Additional Information

If you have ticked ANY of the shaded boxes contained on this Proposal Form or need to provide further information to help us to consider the insurance (See **Important Note** and **Declaration Below**), Please give FULL details here or on a separate sheet of paper (attach details). Please state Question number clearly.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION ON PAGE 2 OF THIS ADDITIONAL VEHICLE FORM.

About the Drivers

Have YOU or ANY PERSON who will drive:

- (a) been involved in any vehicle accident or loss in the last 5 years (this includes all vehicle accidents/losses/thefts irrespective of blame and whether or not an insurance claim resulted)? Yes No
- (b) been convicted of any motoring offence including endorsable Fixed Penalty Offences during the last 5 years or is any prosecution pending? Yes No
- (c) been disqualified from driving? Yes No
- (d) been refused motor insurance or been quoted an increased premium or had special terms imposed? Yes No
- (e) been convicted of any offence involving arson or dishonesty of any kind eg. fraud, robbery, theft or handling of stolen goods, or is such a prosecution pending? Yes No
- (f) been resident outside the Channel Islands or UK in the last 3 years? Yes No
- (g) suffered from heart disorder, diabetes, fits or other mental or physical infirmity or are you/they regularly taking any prescribed medication or had any special conditions imposed on their driving licence by any relevant authority? Yes No

How will the car(s) be used?

1. Social, Domestic and Pleasure Use and Business Use by you is covered in all cases (other than 1c and 1d below).

Do you also require any of the following:

- (a) Business use by any other person? Yes No
- (b) Carriage of passengers or goods in connection with any business? Yes No
- (c) Commercial travelling or use in connection with the Motor Trade? Yes No
- (d) Carriage of passengers or goods for hire or reward? Yes No

NB Full policy cover applies in EU and certain other European countries for up to 60 days in any one visit.

About your car(s)

Make	Model	Type (e.g. GL)	Engine Size	Registration No.	Year of Make	Market Value of Car*	Area or Postcode where vehicle kept at night	Is the car usually kept in a building overnight	
								Yes	No
			cc			£		<input type="checkbox"/>	<input type="checkbox"/>
			cc			£		<input type="checkbox"/>	<input type="checkbox"/>

* The cost of replacing the Motor Car with a car of the same make, model, condition, specification, mileage and age. Policy Limit of £100,000 per car applies.

1. Have you bought the car for use by another person? Yes No
2. Do you or your family own or lease or have a full use of any cars not included in this Proposal Form e.g. Company cars? Yes No
3. Have any of the cars been modified or altered from the makers specification or are any cars left hand drive? Yes No
4. Are any of the cars included in this Proposal Form owned by or registered in the name of another person or firm? Yes No
5. Are any of the cars included in this Proposal Form subject to a hire purchase or vehicle leasing agreement? Yes No
6. Has the car been fitted with an alarm, engine immobiliser or tracking device? Yes No
7. Was the vehicle bought as new or second hand outside the UK, or has it ever been rebadged? Yes No
8. Is the vehicle of a specification not generally available in the UK? Yes No
9. Does the vehicle registration document show any previous registration number? Yes No

9a. If yes, please state previous registration number and country of registration

Previous Reg. No. Country of Reg.

IF YOU HAVE ANSWERED 'YES' TO ANY OF THE ABOVE QUESTIONS AND NEED SPACE TO PROVIDE FURTHER DETAILS, PLEASE USE THE 'ADDITIONAL INFORMATION' SECTION ON PAGE 2 OF THIS ADDITIONAL VEHICLE FORM.

Important Note

Please read the following carefully before you sign and date the Declaration.

- The answers you have given to these questions will usually provide us with sufficient information to enable us to consider this Proposal.
- However, because no list of questions can be exhaustive please consider carefully whether there is any other material information known to you which could influence our acceptance and assessment of the risk.
- Material information would include any special feature of the vehicle, use, driver's history or its location which makes losses or accidents more likely to happen, or more serious if they do.
- Please disclose in the Additional Information Section or on a separate sheet of paper any such material information even if you have doubts as to whether it is material or not. Please note that you are not required to disclose convictions regarded as spent within the Rehabilitation of Offenders Act, 1974
- Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid.
- You should also keep your own record (including copies of letters) of all information supplied to us in arranging this insurance.
- A copy of your completed Proposal is available on request. Please tick box if required.
- Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident, (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.
Your insurance cover details will be added to the Motor Insurance Database, run by the Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the Police to help confirm who is insured to drive. If there is an accident, the Database may be used by the insurers, MIIC and the Motor Insurers' Bureau to identify relevant policy information.
You can ask us for more information about this.
You should show this notice to anyone insured to drive the vehicle covered under the policy.
- The insurers reserve the right to confirm driving licence details with the appropriate authority.

Declaration

Before signing the Declaration please check your answers carefully particularly if this Proposal Form is not completed in your own hand.

- I/We understand that you will pass the information on this form and about any incident I/we may give details of to the IDS Ltd and ABI so that they can make it available to other insurers. I/We also understand that, in response to any searches you may make in connection with this application or any incident I/we have given details of, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.
- I/We declare that to the best of my/our knowledge and belief the answers given are true and all material information as explained has been disclosed.
- I/We agree that if any answers have been completed by any other person, such person shall for that purpose be regarded as my/our agent acting on my/our behalf, and not the agent of Insurance Corporation of the Channel Islands Ltd.
- I/We declare that the Proposal Form is for insurance in the normal terms and conditions of the Insurer's policy and shall be incorporated in and form part of the insurance contract.

Signature of Proposer(s)

Date

This insurance will not commence until the insurers have indicated their acceptance of the Proposal and a Cover Note or Certificate of Motor Insurance has been delivered. The Insurers reserve the right to decline any Proposal.

Please initial any alterations on this Proposal Form.

Payment Options

Paying for your insurance could not be easier than with the following ways to pay. We offer you the choice of paying Monthly Premiums by Direct Debit, annually by Credit/Debit card, cash or cheque.

- The Direct Debit system is carefully regulated to make sure you are always protected. Full details of safeguards can be found in the Direct Debit Guarantee below.
• Before your Monthly Premiums commence, we will send you a statement which will show the dates on which the Debits are due. Once your Monthly Premiums start, there will be no more forms to fill in - we simply apply to your Bank or Building Society for the Monthly Premiums.
• Monthly Premiums by Direct Debit is the easiest way to pay. Monthly premiums offer you monthly budgeting and no fuss payment through your Bank or Building Society. Your premium will be collected on the same day of each month by Direct Debit from your account.
• Your Monthly Premium will be equivalent of 1/12th of the annual premium, plus a handling charge, currently at 6%. Insurance Premium Tax (IPT) will be applied at the current rate if applicable.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits.
• If there are any changes to the amount, date or frequency of your Direct Debit Insurance Corporation of the Channel Islands Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Insurance Corporation of the Channel Islands Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
• If an error is made in the payment of your Direct Debit by Insurance Corporation of the Channel Islands Ltd or your Bank or Building Society you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society.
- If you receive a refund you are not entitled to, you must pay it back when Insurance Corporation of the Channel Islands Ltd ask you to.
• You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.

Please detach and return both sections to Insurance Corporation.

How would you like to pay?

Option 1. Annual Payment by Credit/Debit Card

If you intend to pay by credit card or debit card please complete the following:

Do not send your card

(Card No)

Valid from Date (as shown on card):

Expiry Date (as shown on card):

Switch Issue No. (if shown on card):

Month Year

Card Holder's name (as shown on card) - Please use capitals:

Amount: £

If you require a receipt, please tick:

3 Digit Security Code (last numbers found on Signature Strip)

Option 2. Annual Payment by cash or cheque

Policy Number Premium

BY POST to the address shown above. Cheques should be sent with this form.

Option 3. Monthly Premiums by Direct Debit

Policy Number Premium

Please do not detach - FOR OFFICE USE ONLY.



Instruction to your Bank or Building Society to pay Direct Debit



Please fill in the form and send to: Insurance Corporation of the C.I. Ltd P.O Box 160, Dixcart House, Sir William Place, St Peter Port, Guernsey, GY1 4EY

Name and full postal address of your Bank or Building Society

To: The Manager Bank/Building Society
Address
Postcode

Name(s) of Account Holder(s)

Bank Sort Code Bank/Building Society account number

Service User Number 9 4 0 3 4 2

Reference Number (FOR OFFICE USE ONLY)

Instruction to your Bank or Building Society Please pay Insurance Corporation Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Insurance Corporation and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts



Insurance Corporation of the Channel Islands Limited, Registered in Guernsey (No 10569), is licensed by the Guernsey Financial Services Commission.