



Commercial Vehicle

# Commercial Vehicle Insurance Proposal

Direct

**Allianz** 



# Proposal Form

## 1 Proposer (Please complete in block letters)

Full Name of Proposer: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Business or Occupation (including part-time): \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Daytime Telephone No.: \_\_\_\_\_

Mobile Telephone No.: \_\_\_\_\_

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## 2 Vehicle Details

Registration Number: \_\_\_\_\_

Make/Model: \_\_\_\_\_

Type of Body: \_\_\_\_\_

Makers Carrying Capacity: \_\_\_\_\_

Max Load Carried: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_

Date of Purchase: \_\_\_\_\_

Value: \_\_\_\_\_

Seating Capacity: \_\_\_\_\_

Has the vehicle been altered in any way from its original specification? Yes  No

If "Yes" please give details: \_\_\_\_\_

\_\_\_\_\_

Is the vehicle a left-hand drive? Yes  No

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## 3 Ownership

1. Are you the legal owner of the vehicle? Yes  No

2. Is it registered in your name? Yes  No

3. Is the vehicle the subject of any hire purchase/leasing agreement? Yes  No

If "Yes" please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 4 Use

1. Total number of motor vehicles of all classes owned by Proposer:

\_\_\_\_\_

2. How and where is the vehicle usually safeguarded overnight?

\_\_\_\_\_  
\_\_\_\_\_

3. Please give full particulars of all purposes for which the vehicle will be used:

\_\_\_\_\_  
\_\_\_\_\_

4. If used for carriage of goods, will any goods be of an explosive, corrosive, radioactive, or other hazardous nature?

Yes  No

If "Yes" please give details:

\_\_\_\_\_  
\_\_\_\_\_

5. Will the vehicle(s) be used for the carriage of goods for other persons and/or for Hire or Reward?

Yes  No

6. Will a trailer be used?

Yes  No

If "Yes" Please give Identity No:

\_\_\_\_\_

Make:

\_\_\_\_\_

Carrying Capacity:

\_\_\_\_\_

Value:

\_\_\_\_\_

## 5 Insurance Record

1. Please give details of all persons, including yourself, who may drive:

	Proposer	Named Driver 1	Named Driver 2	Named Driver 3
Name of Person(s)				
Relationship to Insured				
Gender: Male/Female				
Occupation in full				
Date of Birth				
Does he/she suffer from diabetes, epilepsy, heart condition, defective hearing or vision or from any other physical infirmity?				
Driving Licence – Full / Provisional				
State date test passed if full or date first licenced if provisional licence, and enter licence number				

## 5 Insurance Record (Continued)

1. Please give details of all persons, including yourself, who may drive:

	Proposer	Named Driver 1	Named Driver 2	Named Driver 3
Categories of vehicles for which licence is valid				
Has he/she been disqualified from driving or been convicted of any motoring offence (including fixed penalty points offences) during the past five years or is any prosecution pending?				
Have any Insurers refused to accept/ renew/or cancelled his/ her motor policy or imposed special terms?				

Where medical or conviction information is provided in relation to other named drivers please have them confirm the details by signature and declaration below.

I hereby consent to my personal data being used, processed, disclosed and retained as set out in this form.

Signature(s) of additional driver(s)

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2. Have you or any person who may drive been involved in motor vehicle accidents or claims during the past five years?

Yes  No

If "Yes" please give full details (including number and cost):

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3. Are you now or have you been insured in respect of any motor vehicle?

Yes  No

If "Yes" state the name of the Insurance company:

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4. Are you entitled to a No Claims Discount from your previous insurers in respect of the vehicles described in this proposal?

Yes  No

If "Yes" state number of years entitlement:

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(Please attach renewal notice or other supporting documents)

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## 6 Cover Required

1. Do you require the protected (step back) No Claims Discount option? Yes  No
2. Indicate cover required: (a) Comprehensive  (b) Third Party Fire/Theft  (c) Third Party   
Only available when agreed by Allianz

# Declaration

## Material Facts Declaration - Continuing Obligation

As evidenced by your signature(s) below, you declare that the information given in this Proposal Form is true in every respect and that you have not withheld or misrepresented any material fact. You acknowledge the serious consequences of failure to disclose all material information as this may lead to avoidance of your policy. Such information is that which the Company would regard as likely to influence its assessment and acceptance of this insurance. You accept that you have a continuing obligation to disclose to the Company such material information immediately on becoming aware at any time during the period of this insurance of any material change that may affect this insurance or increase the risk of loss, damage or injury. You agree that if there is any doubt as to whether or not any information is material, you will disclose it. You agree that this proposal form will form the basis of the contract between you and the Company. If any answer has been written by a person other than the undersigned, you agree that such person shall be your agent and not an agent of the Company.

## Data Protection Act - collection and use of personal information

In these statements references to information include personal data and information given by you to Us, whether in your Proposal, any claim form you submit to Us or otherwise, any information We may collect in connection with any product or service We provide, information made available about you disclosed to Us by another party in connection with the transfer to Us of such party's rights and duties to you under any other insurance arrangements.

Allianz p.l.c. is a member of the Allianz Group, and shall be the data controller in respect of all such information. References to We and Us in these statements and consents shall be construed accordingly.

**USES** Information you supply may be used for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention) by Us, our agents, our reinsurers and any intermediary acting for you. In assessing any claims made, We may undertake checks against publicly available information such as electoral roll, court judgements, bankruptcy or repossessions.

**DISCLOSURE** We may share with our agents and service providers, members of the Allianz Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing, and regulatory bodies (of which We are a member or by which We are governed), information We hold about you and your claims history. This includes Insurance Link, the Irish Insurance Federation's anti-fraud claims matching database. We may in certain circumstances use private investigators to investigate a claim.

**SENSITIVE DATA** We may need to collect sensitive data relating to you (such as medical or health record or condition, convictions etc.) in order to assess the terms of insurance We issue/arrange or to administer claims which arise. By your signature you signify your consent to such information being used, processed and disclosed by Us, our agents and other insurers for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

**RETENTION** We will not retain your data for longer than is necessary for the purposes for which it is obtained. If you provide personal data to Us and you do not become an insured We will not retain your data for longer than 15 months from the date of collection unless you are a direct customer and have not objected to direct marketing purposes (as detailed below in the Direct Marketing paragraph).

**CONSENT** By providing Us with your information and by your signature you consent to all of your information being used, processed, disclosed and retained for the purposes of insurance administration (including underwriting, processing, claims handling, reinsurance and fraud prevention).

**REPRESENTATION** By your signature you warrant and represent to Us that in respect of any personal data of any data subject which you provide to Us, you have the authority of that data subject to disclose such data to Us on these terms and conditions and for all the purposes herein set out and to give the consents set out above on behalf of each such data subject, and accordingly, all references in these statements to 'you' or 'your' shall be deemed to include any such data subject.

**ACCESS** You have the right to request and receive a copy of your personal data held by us. Should you wish to exercise this right, you should write to us under Section 4 of the Data Protection Acts 1988 and 2003, for the attention of the Data Protection Officer, at Allianz House, Elm Park, Merrion Road, Dublin 4. A fee of €6.35 is chargeable and cheques should be made payable to Allianz.

**CALL RECORDING** Calls may be recorded or monitored for regulatory, training and quality purposes.

**DIRECT MARKETING** The Allianz Group and its agents and business partners may use your information to keep you informed by post, telephone, e-mail, SMS or other means of products and services which may be of interest to you and We may disclose your information to any such Group member, agent or business partner for such purposes. Your information may also be disclosed and used for these purposes after your policy has lapsed. If you do not wish your information to be used for these marketing purposes please write to Us at Allianz House, Elmpark, Merrion Road, Dublin 4 or e-mail Us at [info@allianz.ie](mailto:info@allianz.ie).

please sign declaration overleaf 

The quote offered may be influenced by the absence or inclusion of the following optional factor(s):  
Variable Excess.

**Signature**

**Proposer's Signature** X \_\_\_\_\_

**Date** X / /

**When would you like cover to commence?** \_\_\_\_\_

A copy of the completed Proposal Form and a copy of the Policy are available on request.

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**For Office Use Only**

Policy Number \_\_\_\_\_

Period of Insurance From \_\_\_\_\_ To \_\_\_\_\_

Replacing Policies: \_\_\_\_\_

Authorised by: \_\_\_\_\_

First Premium: \_\_\_\_\_

# Important Information For Customers

## Terms of Business

These are the **Terms of Business of Allianz p.l.c. trading as Allianz**

**Your Insurer** The underwriter of your insurance is **Allianz p.l.c., trading as Allianz**, having its registered office at Allianz House, Elmpark, Merrion Road, Dublin 4. Companies registration office no 143108. Vat no IE0646922D. Our contact details are telephone: +353 1 6133666. fax: +353 1 660 5214, and email: [info@allianzdirect.ie](mailto:info@allianzdirect.ie)

**Allianz Group** Allianz p.l.c. is a member of the Allianz Group.

**Regulatory Status** Allianz Ireland p.l.c. is regulated by the Financial Regulator.

**What we do** Allianz p.l.c. is a non-life insurance undertaking which underwrites personal, commercial, education, religious and social insurance products.

**How we charge** The charge for our services is the premium (including applicable government levy and premium taxes). This premium, and any optional covers are separately specified in your Schedule/Renewal notice.

**Claims** If you need to make a claim, please contact us at +353 1 6133666, or at the above address.

**Conflicts of interest** It is our policy to maintain appropriate administration structures to ensure that the potential for any conflict of interest is avoided as far as possible.

**Default** Non-payment of your premium or part thereof (including where you are using our Direct Debit option) or breach by you of certain conditions of your policy may lead to your policy being revoked or cancelled, in accordance with the terms in that respect set out in your policy. A copy is available on request.

**Right of withdrawal** You have the right to withdraw from this policy, provided you have not made a total loss claim, within 14 days of the latest of:

- (1) the starting date of cover, or
- (2) the date on which you receive the full terms and conditions of your Policy.

Withdrawal effectively means that no policy was ever in place, and you may exercise this right by notice in writing to us at the address given above, quoting your policy number. Should you exercise this right we will refund you any part of your premium you have paid less an administration fee. If the cover is motor insurance, the premium cannot be refunded until the Allianz Certificate of Motor Insurance and Insurance Disc have been returned to Allianz. Please note that the right of withdrawal does not apply if the insurance policy under which insurance cover is provided for is less than 1 month.

**Period of insurance** The period of this contract of insurance is as specified in your Schedule / Renewal notice.

**Cancellation at any time** Both you and we can cancel / terminate the policy by notice in writing to the other in accordance with the terms in that respect set out in your policy. A copy is available on request.

**Policy Alteration, Additional and Return Premiums** When you make an alteration to your policy we will re-calculate your premium, which may result in an additional premium due to us, or a return premium due to you. If the alteration to the policy results in an additional premium due to us, or a refund due to you we will only charge or refund such premium provided this amount is greater than or equal to €25 plus applicable government Levy.

**Alteration to terms and conditions** In the event of a claim we may advise you, at the time of your next renewal, of altered policy terms and conditions which increase your premium and/or excess, and/or reduce cover.

**Governing law** The laws of Ireland will apply to your policy and the Irish courts will have jurisdiction to hear any dispute regarding your policy, unless otherwise stated on your proposal form or in your policy terms and conditions. A copy of your policy is available on request.

**Language** Your policy and all communications with you or by you to us will be in English.

**Complaints** We aim to deliver the very highest standards of customer care. If you have any enquiry or complaint, please contact, with your policy/quote number and details:

Head of Customer Focus, Allianz Direct Division, Allianz House, Elmpark, Merrion Road, Dublin 4  
+353 1 6133666 (tel), +353 1 6605214 (fax), [info@allianzdirect.ie](mailto:info@allianzdirect.ie)

**Ombudsman Scheme** If your complaint is not resolved to your satisfaction and you remain dissatisfied with our final response to your complaint you can refer your complaint to:

- (1) The Financial Services Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2.  
1890 - 882090 (local), +353 1 6620899 (tel), +353 1 6620890 (fax)  
email - [enquiries@financialombudsman.ie](mailto:enquiries@financialombudsman.ie) website - [www.financialombudsman.ie](http://www.financialombudsman.ie) ; and/or
- (2) Insurance Information Services - Irish Insurance Federation, 39 Molesworth Street, Dublin 2  
+353 1 6761914 (tel), +353 1 6761943 (fax), email - [iis@iif.ie](mailto:iis@iif.ie) website - [www.iif.ie](http://www.iif.ie)

## Compensation

Please note that in the event of Allianz being unable to pay a claim, you may be entitled to compensation from the Insurance Compensation Fund in Ireland.





Allianz  
Allianz House  
Elmpark  
Merrion Road  
Dublin 4.

Tel: 1890 48 48 48

Fax: 01 660 5214

Website: [www.allianz.ie](http://www.allianz.ie)

E Mail: [info@allianzdirect.ie](mailto:info@allianzdirect.ie)

Allianz Mobile: [m.allianz.ie](http://m.allianz.ie)

Freetext: 50048

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Calls may be recorded or monitored for regulatory, training and quality purposes.