

Motor Insurance

Motor Insurance Proposal

Direct

Allianz 

Proposal Form

Personal Details (Please complete in BLOCK CAPITALS)

Full Name: _____

Home Address: _____

Daytime Telephone No. _____

Mobile Telephone No. _____

Date of Birth _____/_____/_____

Current driving licence (e.g. Full, Provisional, Full PSV)

Date first licenced if Provisional _____/_____/_____

Date test passed if Full/Date test passed if Full PSV _____/_____/_____

Licence Number _____

Number of Penalty Points eg. 0, 2, 4, etc. _____

If you have any penalty points, please give further details:

Nature of Offence(s)	No. of Points	Date Received
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____
_____	_____	_____/_____/_____

Employment status (Employed, Retired, Housewife, Self Employed etc.): _____

Occupation (including part-time): _____

Work Address: _____

Work Phone No.: _____

How many miles do you drive to work one way on a daily basis? _____

(if vehicle is used for the carriage of passengers for hire and reward, please state main area of use)

Do you consume alcoholic beverages? Yes No

Marital status? Married Common-law partner
 Single Widowed
 Other Please Specify _____

Details of Car

Registration no.:

Make & model: _____

Model type : _____

(GL, GTi, Turbo etc.) _____

Engine size (ccs): _____

Colour of car: _____

Estimated current market value: € _____

Year of manufacture:

Is your car a van, cabriolet OR convertible model? Yes No

Cover required: Third party, fire and theft
or Comprehensive

Where is your car kept at night? (on road, in driveway, garaged etc.)

Are you the owner of the car and is it registered in your name? Yes No

If "no", who is the registered owner and explain why the insurance is being arranged in your name:

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

If "yes", please give details. _____

Have you fitted any additional features in your car? (alarm, immobiliser etc.) Yes No

Is your car a right hand drive? Yes No

How many passenger seats are there?

Drivers

State full name of principal driver:

For any person who may drive please give the following information.

Full Name:

Date of birth:

____/____/____

Occupation:

Licence:

Full Provisional Full PSV

Country of Issue (e.g. Ireland):

Date first licenced if Provisional:

____/____/____

Date test passed if Full/Date test passed if Full PSV:

____/____/____

Licence Number:

Number of Penalty Points eg. 0, 2, 4, etc.:

If you have any penalty points, please give further details:

Nature of Offence(s)

No. of Points

Date Received

____/____/____

____/____/____

____/____/____

Relationship to insured:

If this driver will use the vehicle for the carriage of passengers for hire and reward, please state the number of years NCD entitlement: _____

Full Name:

Date of birth:

____/____/____

Occupation:

Licence:

Full Provisional Full PSV

Country of Issue (e.g. Ireland):

Date first licenced if Provisional:

____/____/____

Date test passed if Full/Date test passed if Full PSV:

____/____/____

Licence Number:

Number of Penalty Points eg. 0, 2, 4, etc.:

If you have any penalty points, please give further details:

Nature of Offence(s)

No. of Points

Date Received

____/____/____

____/____/____

____/____/____

Relationship to insured:

If this driver will use the vehicle for the carriage of passengers for hire and reward, please state the number of years NCD entitlement: _____

Full Name: _____

Date of birth: ____/____/____

Occupation: _____

Licence: Full Provisional Full PSV

Country of Issue (e.g. Ireland): _____

Date first licenced if Provisional: ____/____/____

Date test passed if Full/Date test passed if Full PSV: ____/____/____

Licence Number: _____

Number of Penalty Points eg. 0, 2, 4, etc.: ____

If you have any penalty points, please give further details:

Nature of Offence(s)	No. of Points	Date Received
_____	____	____/____/____
_____	____	____/____/____
_____	____	____/____/____

Relationship to insured: _____

If this driver will use the vehicle for the carriage of passengers for hire and reward, please state the number of years NCD entitlement: ____

Full Name: _____

Date of birth: ____/____/____

Occupation: _____

Licence: Full Provisional Full PSV

Country of Issue (e.g. Ireland): _____

Date first licenced if Provisional: ____/____/____

Date test passed if Full/Date test passed if Full PSV: ____/____/____

Licence Number: _____

Number of Penalty Points eg. 0, 2, 4, etc.: ____

If you have any penalty points, please give further details:

Nature of Offence(s)	No. of Points	Date Received
_____	____	____/____/____
_____	____	____/____/____
_____	____	____/____/____

Relationship to insured: _____

If this driver will use the vehicle for the carriage of passengers for hire and reward, please state the number of years NCD entitlement: ____

Have you or any other person who will drive:

Received any penalty points, been disqualified from driving or been convicted of any motoring offence during the past five years, or is any prosecution pending? Yes No

If "yes", please give details: _____

Have you or any person who will drive:

A condition of diabetes, epilepsy, heart condition or suffer from any other condition, disease or physical infirmity? Yes No

If "yes", please give details: _____

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)

Use

Will use be restricted to social, domestic and pleasure purposes only? Yes No

Will the car be used for business purposes? Yes No

(a) By yourself only? Yes No

(b) By yourself and spouse/partner only? Yes No

(c) By any person other than yourself and spouse/partner? Yes No

Will the car be used for any business purpose other than in connection with your occupation as stated? Yes No

If "yes", please give details: _____

Will the car be used for the carriage of goods or samples in connection with any trade or business? Yes No

If "yes", please give details: _____

Will the car be used for commercial travelling or soliciting orders? Yes No

If "yes", please give details: _____

Insurance Record

Do you hold or have you held motor insurance? Yes No

If "yes", please give name of insurer: _____

Are you entitled to a no claims discount (NCD)? Yes No

If "yes", state the number of years NCD entitlement and Send Us the most recent proof of NCD with proposal form. _____ years

(please send us the most recent proof of NCD/taxi driving experience for all drivers who will use the vehicle for the carriage of passengers for hire and reward).

Have you, or any person who will drive, ever been refused motor insurance or been declined as a driver on any motor policy or had special conditions or extra premiums imposed? Yes No

If "yes", please give details: _____

Do you own or have full-time use of any motor vehicle (e.g. employer's vehicle) other than that described above? Yes No

If "yes", please give details: _____

Note: If you are a married or common-law partner female, and this proposal relates to the second family car, you may be eligible for our very special rates. If you wish us to quote please supply the following information:-

Does your spouse/partner currently have full-time use of a private car? Yes No

If "yes", please state:
Car's Make and model: _____

Car's engine size: _____

Car's Registration no.:

Is the car a van, cabriolet or convertible model?: Yes No

NOTE: Driving is restricted to Insured and Spouse/Partner in this "Second Car Policy".

Claims

Please give details below of all accidents, losses or claims which have arisen during the past 5 years in connection with any motor vehicle owned or driven by you or according to your knowledge and belief driven by any other person who may drive the car.

If none, please write "none" in the space provided.

Name of driver: _____

Circumstances of accident: _____

Date of accident: _____/_____/_____

Cost of claim (own vehicle): € _____

Cost of claim (other parties): € _____

Name of driver: _____

Circumstances of accident: _____

Date of accident: _____/_____/_____

Cost of claim (own vehicle): € _____

Cost of claim (other parties): € _____

Name of driver: _____

Circumstances of accident: _____

Date of accident: _____/_____/_____

Cost of claim (own vehicle): € _____

Cost of claim (other parties): € _____

Optional Covers

Do you want to include cover for an in-car entertainment system? Yes No

For example, non standard car radio/stereo/cd player/dvd player

If "yes", please give details and value:

Do you want third party cover to drive other cars? Yes No

Do you want to include cover for breakage of windscreen and windows? Yes No

Do you want to include cover for limited protection of your no claims discount? Yes No

Do you want to include personal accident cover? Yes No

Do you want to include cover for personal effects and clothing? Yes No

Enter value of business equipment (for vehicles used for the carriage of passengers for hire and reward) € _____

(business equipment includes roof sign, meter, radio, gps/satellite navigation system, receipt printer and card payment device).

If you require information in regard to any of the above, please phone our Customer Services team on **1890 48 48 48**.

Discounts

The standard excess on the policy is €250.

A Premium discount is allowed for a higher excess amount.

Do you wish to bear more than the first €250 of each claim for loss, destruction or damage?

(i.e. €300, €350, €400, €450, or €500) Yes No

Please tick chosen amount here, if you do:

€300 €350 €400 €450 €500

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.

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.

For Office Use Only

Policy Number _____

Period of Insurance From ____/____/____ To ____/____/____

Authorised by: _____

Replacing Policies: _____

Important Information For Customers

(please detach and retain for your records)

Terms of Business

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

You 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

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.

Claims 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:

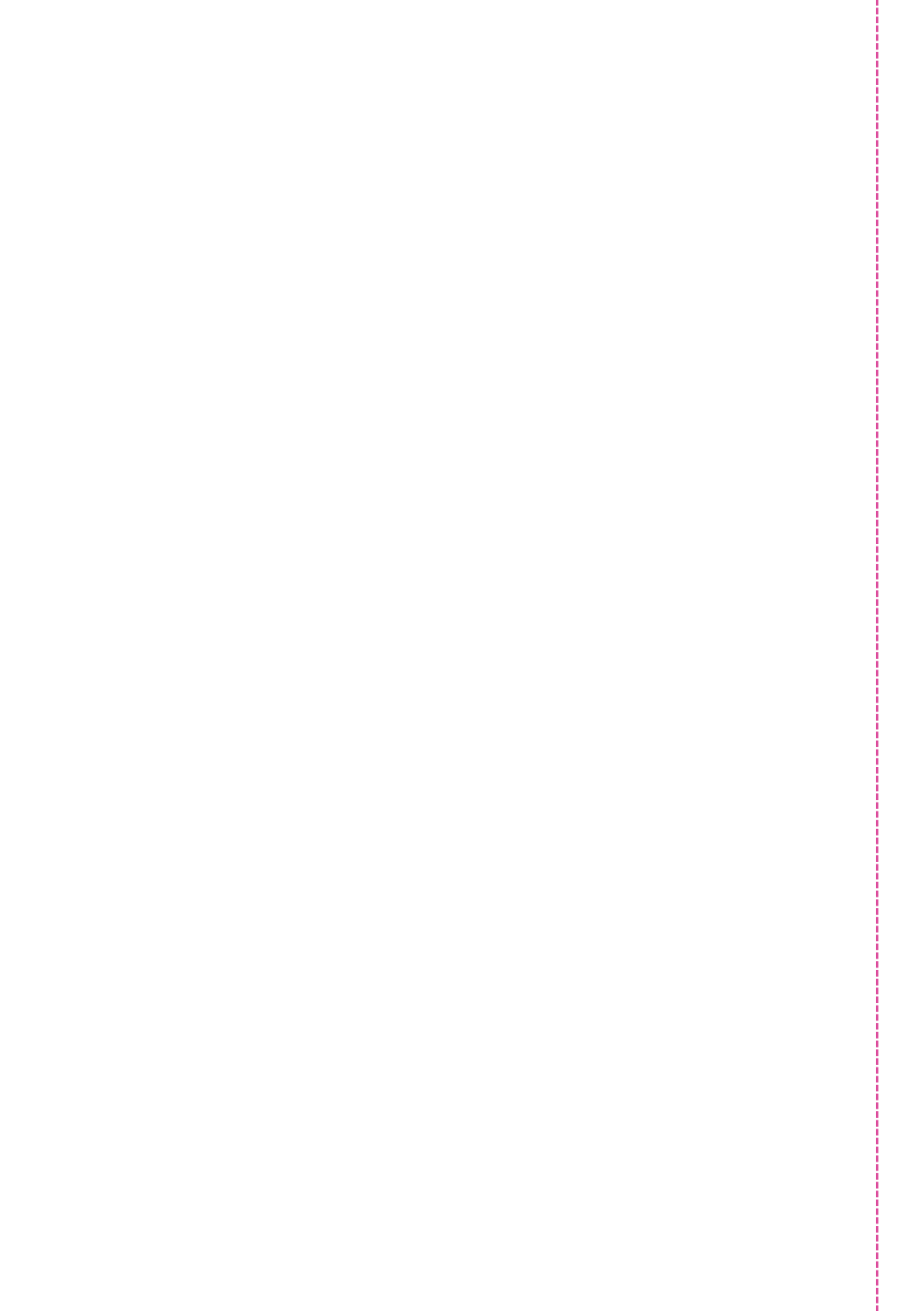
Head of Customer Focus, Allianz Direct Division, Allianz House, Elmpark, Merrion Road, Dublin 4
+353 1 6133666 (tel), +353 1 6605214 (fax), info@allianzdirect.ie

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 website - 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 website - 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

E Mail: info@allianzdirect.ie

Allianz Mobile: [m.allianz.ie](tel:m.allianz.ie)

Freetext: 50048

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