

Name and Address

Policy Number: _____

Client Reference: _____

Request to suspend your policy

Dear Customer

Please complete the following steps to enable us to proceed with the suspension of your policy.

- 1) Please complete, sign and return the section below and return to our Cavan Office.
- 2) Return your original current Certificate and Disc of Motor Insurance. If you have lost this document please complete the enclosed Lost Certificate Declaration Form. We are unable to proceed with your request until such time as we are in receipt of the above document.

Should you have any queries in relation to your policy, please call our Private Motor Department or email us at info@quinn-direct.com Please quote the above Policy Number on all correspondence. Once again thank you for choosing QUINN-*direct Insurance*, we look forward to being of continued service to you.

Terms & Conditions

- 1) Any refund due as a result of this suspension will be calculated at the end of the suspension and is subject to no claims having arisen, or no claims currently being dealt with.
- 2) Direct Debit instalments will continue to be collected, and refunded at the end of the suspension.
- 3) An administration charge of €25 will be deducted from the refund and we do not charge or refund any amount which is less than €30.
- 4) The policy must be suspended for a minimum period of 28 days for a refund to apply.
- 5) If the suspension period reaches your policy renewal date, full cover on the vehicle will automatically resume on this date.
- 6) The policy cannot be suspended until I return my current Motor Insurance Certificate and Disc or a completed and signed Lost Certificate Declaration Form.

I have read the terms above and agree to them. I instruct QUINN-*direct Insurance* to suspend my policy effective from ___: ___ AM/PM on ___ / ___ / ___.

The reason for the suspension is:

Policyholders Signature: _____

Date: ___/___/_____

Please return to: Quinn-Insurance, Dublin Road, Cavan, Co. Cavan, Rep.Ireland

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Name and Address

Policy Number: _____

Client Reference: _____

LOST CERTIFICATE DECLARATION

Reason for a LCD Request

Suspend Insurance Cover

Instructions to complete this form

- If your Certificate of Insurance has been lost or destroyed, please complete, sign and date Section 1 of this Form.
- If your Insurance Disc has been lost or destroyed, please complete, sign and date Section 2 of this Form.
- If both your Insurance Certificate & Disc has been lost/destroyed, please complete, sign and date both Sections.

Please return by post or fax to enable your request to be fulfilled.

SECTION 1

Lost Certificate of Insurance Declaration

In accordance with the Road Traffic (Insurance Disc) Regulations 1984 & (Amendment) 1986 (ROI) & Article 7 of the Road Traffic Act (Compulsory Insurance Regulations 1962 as amended in 1992). I declare that the Certificate/disc relating to Vehicle Registration Number _____ has been lost or destroyed under the following circumstances

Should I recover this Certificate, I will return it to QUINN-*direct* Insurance.

Policyholder's Signature _____ **Date** _____

SECTION 2

Lost Insurance Disc Declaration

In accordance with the Road Traffic (Insurance Disc) Regulations 1984 & (Amendment) 1986 (ROI) & Article 7 of the Road Traffic Act (Compulsory Insurance Regulations 1962 as amended in 1992). I declare that the Certificate/disc relating to Vehicle Registration Number _____ has been lost or destroyed under the following circumstances:

Should I recover this Disc, I will return it to QUINN-*direct* Insurance.

Policyholder's Signature _____ **Date** _____

Please return to: Quinn-Insurance, Dublin Road, Cavan, Co. Cavan, Rep.Ireland

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