



MOTOR INSURANCE SUPPLEMENTARY QUESTIONNAIRE

Policyholder:

Licence Type:

Policy Number:

Occupation:

1(a) Have you or any driver had any accidents, losses or claims (irrespective of who was at fault) within the last 3 years?

Yes If 'yes' give details below. **(Amounts must be included)**

No

Any information you are unsure of, please contact your previous insurers, as all details are important.

DD/MM/YY of Incident	Name of Driver	Circumstances of the Incident (Indicate who was at fault and why)

(b) Were you at fault?

Yes

No

Give details below

Total cost of Settled Claims and/or estimate of outstanding claims		
Third Party	Own Damage	Any Other

What is the status of this claim? (Finalised or Open) _____

2. (a) Have you or any driver been convicted of any driving offence in connection with a motor vehicle in the last 3 years?

If 'yes' give details below

Yes

No

(b) Have you ever being disqualified from holding a driving licence?

If 'yes' give details below

Yes

No

(c) Do you have any prosecutions pending?

If 'yes' give details below

Yes

No

Name	Conviction	Date of Endorsement	Penalty/Fine	Circumstances

3. Has your or any driver's driving licence been subject to a Fixed Penalty Notice (Penalty Points) within the last 3 years?

Date of Endorsement	Penalty/Fine	Type of Offence/Offence Code

Declaration of Driver

I declare that to the best of my knowledge and belief the above statements made by me are true and complete and that nothing materially affecting the risk has been concealed.

Signature of Driver _____

Date _____

Declaration of Policyholder

I/we declare that to the best of my/our knowledge and belief the above statements, made by me or on my/our behalf are true and complete and that nothing materially affecting the risk has been concealed.

I/we agree that this declaration shall in conjunction with my/our original proposal, be incorporated in and taken as the basis of the contract between me/us and Quinn *direct* Insurance.

Signature of Policyholder _____

Date _____