

Car Insurance (MPZ)

Proposal Form

Policy Details

Cover Start Date:

Cover start Time:

Policy Number:

Product: Private Motor

Important information

This Proposal Form will be a precise record of the information which you or anyone acting on your behalf provides to Zurich Insurance Europe AG ("Zurich") about your risk. Zurich will rely upon this information when deciding whether to accept this risk, what terms to apply to it and the premium to be charged. Accordingly, please check the information you provide carefully to ensure that it is correct.

You have a legal duty to answer all questions asked by us in connection with your application for insurance honestly and with reasonable care. You must also ensure that any information voluntarily provided by you or on your behalf is provided honestly and with reasonable care.

Failure to comply with these requirements and/or any negligent or fraudulent misrepresentation could invalidate your Policy or affect your insurance cover or premium. It could also result in a claim being declined or the amount payable in respect of a claim being reduced or difficulty obtaining insurance in the future. Please refer to the Policy Booklet for further information.

Please also note that it is an offence under section 64(1) of the Road Traffic Act 1961 (as amended) for any person, for the purpose of or in the course of obtaining the issue of a certificate of motor insurance, to commit any fraud or make any representation or statement (whether in writing, verbally or by conduct) which is to his/her knowledge false or misleading in any material respect.

If you do not understand any part of this Proposal Form or are in any doubt whatsoever as to the accuracy of the information you have provided as referenced above, you should inform Zurich immediately.

NOTE: The Company reserves the right to decline any proposal.

Full details of the cover provided appears in the Policy Booklet which can be found at:
www.zurich.ie/car-insurance-documents

Proposer Details

Full Name:

Mobile Number:

Email Address:

Postal address:

Main Driver Details

Title (Mr, Mrs, Miss etc.):	First Name:
Surname:	Date of birth:
Are you a Permanent Resident of the Republic of Ireland?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:	Part-time Occupation:
Employers Business:	Employment Status:
Licence Type:	Country of Issue:
Licence Years Held:	Licence Restrictions:
Driver Licence Number*:	Relationship to Proposer:
Full-time use of other car:	Total Active Penalty Points:

Additional Driver Details

	Driver 1	Driver 2	Driver 3
Title:			
First Name:			
Surname:			
Date of Birth:			
Permanent Resident Republic of Ireland?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Occupation:			
Employers Business:			
Employment Status:			
Licence Type:			
Country of Issue:			
Licence Years Held:			
Licence Restrictions:			
Driver Licence Number*:			
Relationship to Proposer:			
Own Vehicle:			
Total Active Penalty Points:			

**For Irish driving licences: Your Driver Number is a nine digit number that stays with the licence holder throughout their driving history. It appears in field five of your paper licence and in field 4d of the new plastic card licence or permit.*

For non-Irish EU driving licences: Please provide the Driver Number (Personal Number) noted in field 4d of your driving licence – or where this field is not present, please provide the Licence Number located in field five.

For non-EU driving licences: Please provide the Driver Number or equivalent unique identification number of your licence.

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Vehicle Details

Make:	Model:
Engine Size (cc):	Registration Number:
Year of Make:	Current Market Value (€):
Registered Owner:	Years Owned:
No of Seats:	Left Hand Drive:
Imported: <input type="checkbox"/> Yes <input type="checkbox"/> No	Modified: <input type="checkbox"/> Yes <input type="checkbox"/> No
Security Features (e.g. alarm):	
Does the vehicle have a current National Car Test (NCT) certificate of road worthiness as required under the Statutory Vehicle Testing Regulations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cover and Vehicle Use Details

What level of cover do you require?	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Comprehensive Plus <input type="checkbox"/> Third Party Fire & Theft
What class of use do you require?*	<input type="checkbox"/> Social, Domestic & Pleasure Use <input type="checkbox"/> Social, Domestic, Pleasure & Commuting <input type="checkbox"/> Class 1: Limited Business Use
What location will the vehicle be parked at overnight?	
What is your Annual Private Mileage use?	
What is your Annual Business Mileage use?	

* Social, Domestic & Pleasure Only Use for Social Domestic and Pleasure purposes but excluding use associated with your business or profession (including journeys between your home and normal place of work), use for hire or reward, commercial travelling, racing, pacemaking, speed testing or the carriage of goods or samples in connection with any trade or business.

Social, Domestic, Pleasure & Commuting Use for Social, Domestic and Pleasure purposes but including journeys between your home and normal place of work.

Limited Business Use Also referred to as 'Class 1 Use', this provides cover for Social, Domestic and Pleasure purposes and use by the policyholder in connection with their business or profession (up to a maximum of 8,000km per year). Commercial travelling and the carriage of goods/samples/passengers in connection with any trade or business is excluded.

Optional Add-ons:

Please refer to Zurich to discuss the Optional Add-ons that may be available under this Policy.

Discounts

How many years Claims Free Driving Experience have you earned in your own name or as a named driver on someone else's Private Car policy in Ireland or the UK?

Have you had more than one non-windscreen claim in the last 5 Years?

Have you had more than two windscreen claims in the last 5 Years?

How many years No Claims Discount do you have in your own name?

Have you or any named drivers had any claims in the last 5 years? If so, how many?

Are any of the above claims currently outstanding?

What was the name of your previous Insurer?

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What country was your previous Insurance in?

Do you have any other claims Free Driving Experience?

What type? (i.e. private car, commercial motor, company policy)

What country was it earned in?

For how many consecutive claims free years have you or were you named on this policy?

How many years did you earn?

What was the expiry date of the Insurance policy?

Please read and answer the following questions carefully:

1. Is the Vehicle for which insurance cover is sought owned by and registered to you and/or your spouse? (where 'spouse' is taken to mean that person legally recognised in the Republic of Ireland as your husband, wife or civil partner)

If your answer is No, please confirm who is the registered owner of the vehicle:

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2. Is the Vehicle for which insurance cover is sought registered in the Republic of Ireland?

If your answer is No, please confirm in which country the vehicle is registered:

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3. Has the Vehicle for which insurance cover is sought been imported, except where the Vehicle was originally registered in the United Kingdom?

If your answer is Yes, please confirm from which country the vehicle was imported:

-
4. Has the Vehicle for which insurance cover is sought been modified in any way from the manufacturer's specification including, but not limited to, any modification(s) which affected the performance, cosmetic appearance or safety features of the Vehicle?

If your answer is Yes, please confirm how the Vehicle has been modified and what, if any, impact it has on the Vehicle performance:

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5. Is the Vehicle for which insurance cover is sought a Category M1 Vehicle and is it registered with the Revenue Commissioners as a Private Car?
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If your answer is No, please confirm what category the vehicle is registered under and what it registered as with the Revenue Commissioners:

6. Will the Vehicle for which insurance cover is sought be used for commercial travelling or airside at airports?

If your answer is Yes, please provide full details of the purpose and the frequency of the commercial travelling and/or why it will be used airside at airports:

7. Will the Vehicle for which insurance cover is sought have annual mileage in excess of 50,000km?

If your answer is Yes, please confirm the reason why the mileage will be in excess of 50,000kms:

8. Is the Vehicle for which insurance cover is sought a Right Hand Drive Vehicle?

9. Are you and/or any other person(s) driving the Car permanently resident in the Republic of Ireland?

If your answer is No, please confirm where you and/or the other drivers reside on a permanent basis:

10. Have you and/or any other person(s) driving the Car ever been refused motor insurance or been refused renewal of an existing motor insurance policy by an insurer?

If your answer is Yes, please confirm which insurer refused cover, the reason for the refusal and the date of the refusal and/or which insurer cancelled/refused renewal of cover, the reason for the cancellation/refusal of renewal of cover and the date of the cancellation/refusal:

11. Have you and/or any other person(s) driving the Car ever had special or unusual terms or restrictions applied to a motor insurance policy or had a motor insurance policy cancelled or declared void by an insurer?

12. Have you and/or any other person(s) driving the Car ever been convicted of any motoring or non-motoring offence, other than convictions which are deemed spent under the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016*

If your answer is Yes, please confirm full details of the conviction including date applied, conviction type and the penalty imposed:

** If You are in doubt as to whether a conviction is deemed spent under this Act, We strongly recommend that You seek guidance from a qualified legal professional. Any negligent or fraudulent misrepresentation could invalidate your Policy or affect your insurance cover or premium. It could also result in a claim being declined or the amount payable in respect of a claim being reduced or difficulty obtaining insurance in the future. Please refer to your Policy Booklet for further information.*

13. Are you and/or any other person(s) driving the Car currently disqualified from driving or have you and any other person(s) driving the Car previously been disqualified from driving in Ireland or any other jurisdiction?

If your answer is Yes, please confirm full details of the disqualification including date disqualified, reason why and including associated conviction details:

14. Are you and/or any other person(s) driving the Car the subject of any Garda enquiries or have any motoring or non-motoring prosecutions pending?

If your answer is Yes, please confirm full details of the Garda enquiries and full details of the pending motoring or non-motoring prosecutions:

15. Do you and/or any other person(s) driving the Car currently have more than 6 (six) penalty points recorded on their Driving Licence or were any awarded in a Court of Law nor subject to a Court Fine?

If your answer is Yes, please confirm how many points you have, what they are for and the date each were applied to your licence:

16. Have you (the Proposer) or any other person(s) driving the vehicle had any accidents, losses or settled claims in last 5 years or have any outstanding/pending motor insurance claims?

If your answer is Yes, please confirm full details of the claims including incident date, incident type, amount paid and status of the claim i.e. if open or finalised:

17. Has the No Claims Discount (NCD) disclosed by You been earned on a Private Car insurance policy issued in your name?

If your answer is No, please confirm whose name the NCD has been earned in:

18. Has the No Claims Discount (NCD) disclosed by You been issued by an insurer in the Republic of Ireland or the United Kingdom?

If your answer is No, please confirm the name of the insurer and country of issuance of the NCD disclosed by You:

19. Does the No Claims Discount (NCD) disclosed by You relate to a policy which has expired within the last 2 (two) years?

If your answer is No, please confirm when the policy expired:

20. Is the No Claims Discount (NCD) disclosed by You being used on any other motor insurance policy?

If your answer is Yes, please confirm how many active policies the NCD disclosed by You is being used on:

21. Where applicable, does the Named Driving Experience disclosed by you relate to your Claims Free Driving Experience gained on another Private Car insurance policy issued in the Republic of Ireland or the United Kingdom and which is currently active or has expired within the last 12 (twelve) months?

If your answer is No, please confirm in which country was the Named Driving Experience earned and/or when the policy expired:

Please note that you will be required to provide us with proof of your No Claims Discount and/or Named Driving Experience from the relevant insurer of that insurance policy.

Please use the following section if you would like to volunteer any additional information in relation to this application for insurance

Note: You must notify your local licencing authority if you (the Proposer) and/or any other person(s) driving the vehicle have any medical condition that impairs your ability to drive (as outlined by the RSA/NDLS 'Medical Fitness to Drive Guidelines').

Pre-contractual Representations:

- a) You have a legal duty prior to entering into this Policy to provide responses to questions asked by Zurich in relation to the risk(s) to be insured.
- b) A matter about which Zurich asks a specific question is material to the risk undertaken by Zurich or the calculation of the premium by Zurich, or both.
- c) You have a legal duty to answer all questions asked by Zurich honestly and with reasonable care.
- d) While Zurich acknowledges that you have no legal duty of voluntary disclosure, you shall ensure that information which is voluntarily provided by you or on your behalf is provided honestly and with reasonable care.

Please read the following Declarations carefully

I/We declare that if anything on this form was written by another person he or she has acted as my/our agent for this purpose.

I/We consent to Zurich disclosing my/our personal data to other companies within the Zurich Group and/or to third parties such as agents or service providers appointed by Zurich, regulatory bodies, legal advisors and/or to other Insurance Companies for the purposes of processing my/our insurance, processing claims, statistical analysis, underwriting purposes, fraud prevention, market research, risk management and advisory purposes.

I/We consent to Zurich, or any company within the Zurich Group, using my/our personal data for marketing purposes. I/We understand that at any time in the future I/We can ask not to receive direct marketing and information about new products and services from Zurich by writing to: Zurich Insurance, PO Box 78, Wexford.

I/We consent to the transmission of personal data overseas.

I/We understand that Zurich may record telephone calls for security and training purposes and to ensure the highest level of customer service.

I/We acknowledge that I/We have the right to apply for a copy of my/our file and to have any inaccuracies corrected.

Do you confirm the above Declarations are accurate?

Proposer's Signature:

Date:

N.B. The insurer reserves the right to decline any proposal and no insurance is effective until the insurer (or its authorised agent) has accepted the proposal and has issued a certificate of motor insurance.

Zurich Insurance Europe AG is authorised by the Federal Financial Supervisory Authority (BaFin) in Germany and is regulated by the Central Bank of Ireland for conduct of business rules.

Zurich Insurance Europe AG is registered in Frankfurt, Germany (registration number 133359) with its registered seat at Platz der Einheit 2, 60327, Frankfurt A.M.

Registered in Ireland as a branch (registration number 910127) with registered branch office at Zurich House, Frascati Road, Blackrock, Co. Dublin, A94X9Y3.

(P0699446) (02/24) TCL

