

The Caravanners Scheme

Proposal



Stuart Insurance Ltd



AVIVA

Policy No.

Period of insurance FROM Time

TO

Renewal Date

Area/Branch

Area/Branch Number

Agency

Agency No. & Chk Ltrs

The Caravanners Scheme



Proposal

Note:

The insurer with which your contract will be concluded is Aviva Insurance Limited ("the Company"). The insurance will not be in place until the proposal has been accepted by the Company. The Company reserves the right to decline any proposal.

IMCC Member: YES NO Club membership number

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS

1 Proposer details

Name	<input type="text"/>	Title (Mr, Mrs, Miss, Ms)
Address*	<input type="text"/>	Date of Birth
		Telephone
Occupation	<input type="text"/>	Email

*Proposer must supply a copy of his/her home insurance schedule and/or a utility bill (as proof of address) unless insured with Aviva (when policy number will be sufficient).

2 Vehicle details

Make and Exact Model	Cubic Capacity (c.c)	Seating Capacity	Registration Number	Year of Manufacture	Purchase Price	Date of Purchase	Present Estimated Value**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	€

Note: In the event that your vehicle is damaged beyond economic repair we will calculate the value of the vehicle at the time of the loss on the basis of the current market value (for a vehicle of the same make and model) or where applicable the limit of the value (sum insured) placed by you on the vehicle as shown in the policy schedule, whichever is the less. **Please Note: We will not pay for loss or damage over the current market value even if the sum insured on your motor insurance policy schedule may be greater.

Please note: If your vehicle is 4 years or older (passed the fourth anniversary of first registration), please supply a current Certificate of Roadworthiness (CRW) for the vehicle and if requested, a stamped Motor Engineers Report Form from a main dealer.

	Yes	No	Please give details (if any of the shaded boxes are ticked)
A: Is the vehicle manufactured as a camper?	<input type="checkbox"/>	<input type="checkbox"/>	
B: Is the vehicle owned by you and registered in your name?	<input type="checkbox"/>	<input type="checkbox"/>	
C: Is this vehicle normally parked at the above address?	<input type="checkbox"/>	<input type="checkbox"/>	
D: Will the vehicle be driven by you as the main driver?	<input type="checkbox"/>	<input type="checkbox"/>	
E: Is the vehicle a right hand drive model and not converted, adapted or modified in any way from the manufacturer's standard specifications?	<input type="checkbox"/>	<input type="checkbox"/>	
F: State the name of your existing insurer (that is, where the vehicle you have for everyday use is currently insured) and policy number. Please enclose a copy of your current Certificate of Insurance. If you are currently insured with Aviva, the policy number will be sufficient.			
Name of Insurer:	<input type="text"/>	Policy Number:	<input type="text"/> Expiry date of policy: <input type="text"/>
Do you have five or more years no claims discount on your main vehicle?	<input type="checkbox"/>	<input type="checkbox"/>	
G: Please state your annual mileage <input type="text"/>			

3 Drivers covered

Driving Option (if applicable to Policy)	Proposer Only <input type="checkbox"/>	Proposer and Partner <input type="checkbox"/>	Proposer and Named Driver <input type="checkbox"/>	Proposer and Open Driving for drivers aged 25 to 70 years who hold a full EU licence <input type="checkbox"/>
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Please fill in all 'Driver details' and 'Licence details' for you and each driver who will be covered under your policy

Driver details	Name	Date of birth	Occupation	Relationship to proposer
Main driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Licence details	Type of licence currently held (e.g. Full Irish / Full EU)	Country of origin of licence	Date licence obtained	Driver number (Irish licences only) Please insert your driver number as it appears on your licence, including any / or 0 but not any spaces	Number of penalty points held
Main driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Driver 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4 Proposer and driver details

Yes No If you tick a shaded box, please give full details

To the best of your knowledge and belief, have you or any person material to this risk:

A Been convicted of any offence of any nature or have any conviction pending

Details of offence or conviction and code	Date of offence	Number of penalty points or fine incurred

B a Defective vision or hearing, or suffered at any time from diabetes, fits or heart complaint or infirmity?

b Has the condition mentioned above been advised to the relevant licencing authority?

Date licencing authority advised: ____/____/____

Name of licencing authority:

C Been disqualified from driving?

D Been refused any insurance or renewal of insurance or had any special terms or conditions imposed by any insurer?

E Been involved in any accident or loss or have had any claims made against you or them in the last 5 years?

If yes, please complete the following:

Driver	Date of incident	Type of incident	Amount settled

Please Note: Copies of both the policyholder's and named driver's driving licences MUST accompany this form.

5 Cover required

A Comprehensive (This product is sold on a Comprehensive basis only, unless otherwise agreed by the company.)

Yes No If you tick a shaded box, please give full details

B Have you any other insurance with Aviva? If so, please give details

6 Use required - please tick

Yes No If you tick a shaded box, please give full details

A Social, domestic and pleasure use only

B Other use, give details

7 Please tell us of any additional information - relating to any section

IMPORTANT

Duty of Disclosure - In relation to you or any driver who will drive, you must tell us any facts which are likely to affect whether we agree to provide cover, or how we assess the risk proposed for insurance, including but not limited to:

- a) medical details or history,
- b) previous insurance claims,
- c) any convictions, offences or prosecutions pending of any nature (for example, but not limited to, fraud, theft, penalty points, driving convictions, or the handling of stolen goods), and
- d) the main user of the vehicle or any vehicle modifications

If you are not sure whether you should tell us about something, please tell us anyway. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, a claim may not be paid, the policy could be declared invalid and void or may be cancelled, and you may encounter difficulty trying to purchase insurance elsewhere.

Warning: As it is an offence under the Road Traffic Act to make any false statement or withhold information to get a certificate of insurance, you should make sure that you answer all questions fully and accurately. If the proposer is a firm or a private company, you must read and answer the questions as though they also apply to each individual partner or member

Under the third EU Non-life Directive we must give you the following information before you buy your policy.

The law that applies to the contract - Under the relevant European and Irish laws, we Aviva Insurance Limited and you, the proposer, are free to choose the law that will apply to the contract. We propose that Irish law will apply to the contract. We, Aviva Insurance Limited, will provide the insurance under this policy.

Complaints procedure - We aim to give excellent service to all our customers; however, we recognise that things may occasionally go wrong. We will do our best to deal with your complaint as effectively and quickly as possible. If you arranged your cover through an agent or adviser, please send your complaint to them. If your complaint is not sorted out to your satisfaction, please contact:

Customer Feedback Team, Aviva Insurance Limited, One Park Place, Hatch Street, Dublin 2

CallSave: 1850 36 37 38

E-mail: complaints@aviva.ie

Website: www.aviva.ie

You can also write to the Branch Manager - Ireland, Aviva Insurance Limited, One Park Place, Hatch Street, Dublin 2 or you can contact the following

• **The Irish Insurance Federation's Insurance Information Service, 39 Molesworth Street, Dublin 2**

Phone: 01 676 1914

Fax: 01 676 1943

E-mail: iis@iif.ie

Website: www.iif.ie

• **The Financial Services Ombudsman Bureau, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2**

Phone: 01 662 0899

LoCall: 1890 88 20 90

Fax: 01 662 0890

E-mail: enquiries@financialombudsman.ie

Website: www.financialombudsman.ie

You will not lose your right to take legal action if you contact either of the above.

DATA PROTECTION - Aviva Insurance Limited ("we", "us" or "our"), as data controller, will keep the information you provide about yourself and about third parties confidential. We may use it to advise on, provide and administer insurance products and financial services provided by us or other Aviva companies and sometimes with our affiliates and/or commercial partners, in order to comply with legal obligations imposed on us. We may share the information both inside and outside of the European Economic Area, in confidence, for these purposes with agents or service providers we have appointed, private investigators, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies, those to whom we outsource certain business operations and as required by law. We will process this information and store it on our computer and manual record systems.

To assist in preventing, detecting and/or protecting our customers and ourselves from theft and fraud, we may use your information to make searches of our or other Aviva companies' records. If you give us false information or fail to disclose information and we suspect fraud, we will record this. We also participate in industry databases such as those operated by the Irish Insurance Federation for the purpose of sharing of information among insurance companies as a check against non-disclosure.

From time to time, we may record your telephone calls for verification and training purposes.

If you would like a copy of the details we hold about you, please write to the Regulation and Compliance Manager, Aviva Insurance Limited, One Park Place, Hatch Street, Dublin 2. Please enclose the correct fee (€6.35). You also have the right to correct any errors in the information held about you, block certain uses or object to the processing of your personal data.

Important: Some of the questions on this form may ask for details about your health and convictions and the health and convictions of third parties material to this risk – please do not send us any genetic test results. This information is important for underwriting and claims purposes and will remain confidential. By signing the declaration below, you are giving us permission to process these details for the above purposes, including checking with third parties or accessing State or other official records to verify whether the details you have given are accurate and complete. By signing below, you are confirming that you have fully explained to each person who requires this insurance cover why we asked for this information and what we will use it for. You are also confirming each person has agreed to this.

ONLY SIGN THE FOLLOWING DECLARATION IF YOU FULLY UNDERSTAND, AND HAVE MET, ALL OF THE ABOVE REQUIREMENTS.

Declaration – I/We confirm that, all the details, answers and information given in this proposal are true, accurate and complete. I acknowledge that this proposal will form the basis of my/our contract with Aviva Insurance Limited. I/We confirm that I/we am/are giving my/our permission to you to use the information I/we have given on this form for the purposes set out in the Data Protection section above.

Your Signature:

Date: / /

We would like to use your details to provide you with information about other financial or insurance products, services and special offers either from us or other Aviva group companies, or products, services and special offers which any member of the Aviva Group may arrange with a third party. Your details may also be used for this purpose (for up to 12 months) after your policy has ceased. Please tick here if you do not wish to receive such information from us.

Your choice will not affect any of the services we provide to you, now or in the future.



*For our joint protection, we may record and
monitor phone calls*

Aviva Insurance Limited

Aviva Insurance Limited, trading as Aviva, is authorised by the Financial Services Authority in the UK and is regulated by the Central Bank of Ireland for conduct of business rules.
Registered Branch Office in Ireland no. 900175. Registered Branch Address One Park Place, Hatch Street, Dublin 2.
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