

Important message

You are reminded that you must provide all material information likely to influence the acceptance and assessment of this insurance, if you have any doubts as to whether a fact is material, it should be disclosed, failure to disclose all material facts may invalidate your policy or may result in your policy not operating fully. It is an offence under the Road Traffic Acts to make any false statements or withhold any material information for the purpose of obtaining a Certificate of Motor Insurance. **Please ensure all questions are fully answered**

Cover to commence

am/pm On

Date

PLEASE COMPLETE ALL SECTIONS IN BLOCK CAPITALS**1 Proposer**

Name		Title (Mr Mrs Miss Ms)	
Address			Date of Birth
		Telephone No	
Occupation			
Licence No	Date Irish test passed		

2 Vehicle

Make and Exact Model	c c	Seating Capacity	Registration Number	Year of Manufacture	Purchase Price	Date of Purchase	Present Estimated Value
							€
				Yes	No	If you answer no to any question please give details	
Is the vehicle manufactured as a camper?				<input type="checkbox"/>	<input type="checkbox"/>		
Is the vehicle owned by you?				<input type="checkbox"/>	<input type="checkbox"/>		
Is the vehicle registered in your name?				<input type="checkbox"/>	<input type="checkbox"/>		
Is the vehicle left hand drive?				<input type="checkbox"/>	<input type="checkbox"/>		
Do you or your spouse own and insure a private car?				<input type="checkbox"/>	<input type="checkbox"/>		
If so, please state insurer(s) and policy number							
If not, you cannot avail of this scheme							

Note: This insurance will be in respect of Social, Domestic & Pleasure use only unless specifically agreed

Additional Drivers Name	Male/ Female	Relationship to You	Date of Birth	How long Resident in Ireland	Type of Licence	Date Test Passed	Precise Occupation

Do you require Open Driving 25/70 Years with full clean driving licence Yes No

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

1 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

2 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 licensing authority advised ____/____/____

Name of licensing authority

3 Been disqualified from driving?

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

5 Been involved in any accident or loss or have had any claims made against you or them in the last 3 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

Declaration

Before signing this declaration please ensure that all questions have been fully answered

I declare that:

- A I have read and understood the proposal form
- B The statements made in this proposal form are true and correct to the best of my knowledge and belief
- C If such statements have been written by any person other than myself, such person shall be deemed to be my agent I accept full responsibility for the answers and statements herein
- D I will accept insurance subject to the terms and conditions of the Company's policy

I AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE INCORPORATED IN AND FORM PART OF THE CONTRACT BETWEEN MYSELF AND HIBERNIAN INSURANCE COMPANY LIMITED

SIGNATURE

The Company reserves the right to decline any proposal or impose special terms The Company is not on risk until a Cover Note or Certificate has been delivered to the Proposer

Important: You must tell us any other facts which are likely to affect whether we agree to provide cover, or how we assess the risks proposed for insurance 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, or the policy could be declared invalid and void

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, Hibernian General 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, Hibernian General Insurance Limited, will provide the insurance under this policy

Complaints procedure - 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 direct your complaint to them If you have difficulty getting through to the agent or adviser, you can contact us

- **Customer Feedback Team**, Hibernian General Insurance Limited One Park Place Hatch Street, Dublin 2,
CallSave 1850 36 37 38
Email complaints@hibernian.ie
Website www.hibernian.ie
If your complaint is not sorted out to your satisfaction, please write to the Managing Director, Hibernian General Insurance Limited, One Park Place, Hatch Street, Dublin 2, or you can contact
- **Irish Insurance Federation's Insurance Information Service**, 39 Molesworth Street, Dublin 2
Telephone 01 676 1914
Fax 01 676 1943
Email iis@iif.ie
Website www.iif.ie
- **Financial Services Ombudsman Bureau**, 3rd Floor, Lincoln House, Lincoln Place, Dublin 2
Telephone 01 662 0899
LoCall 1890 88 20 90
Fax 01 662 0890
Email enquiries@financialombudsman.ie
Website www.financialombudsman.ie
You will not lose your right to take legal action if you contact any of the above

Data protection

We will keep the information you provide about yourself and about third parties confidential We may use it to provide and administer insurance products and financial services provided by Hibernian and sometimes with our affiliates and/or commercial partners We may pass the information, in confidence, for these purposes to agents or service providers we have appointed, regulatory organisations, other insurance and financial services companies (directly or via a central register), other Aviva group companies and as required by law We will process this information and store it on our computer and manual record systems

If you would like a copy of the details we hold about you, please write to the Regulation & Compliance Manager, Hibernian General Insurance Ltd, One Park Place Hatch Street Dublin 2

Please enclose the correct fee (€5) 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 ask for details about your health and convictions and the health and convictions of third parties material to this risk This information is important for underwriting 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

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 Hibernian General Insurance Limited We confirm that we are giving my/our permission to you to use the information we have given on this form for the purposes set out in the Data Protection section above

Signature

Date

We would like to use the details to provide you with information about other products and services either from us or other Aviva group companies or products or services which any member of the Aviva group has arranged for you with a third party If you choose not to receive this information this will not affect any of the services we provide to you, now or in the future

Please tick here if you do not wish to receive information on other products, services and special offers