

# TRUCKPLAN PROPOSAL FORM



**\*\* INCOMPLETE PROPOSAL FORMS WILL BE RETURNED AND MAY DELAY THE ISSUE OF YOUR ANNUAL DOCUMENTS \*\***

## 1. PROPOSER

PROPOSER / COMPANY NAME / TRADING TITLE

(PLEASE ENSURE FULL & CORRECT TITLE IS PROVIDED) \_\_\_\_\_

RISK / BUSINESS ADDRESS: \_\_\_\_\_

DESCRIPTION OF BUSINESS/OCCUPATION OR TRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PHONE/CONTACT No: \_\_\_\_\_ RENEWAL DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NO OF YEARS IN BUSINESS: \_\_\_\_\_ VAT REG No: \_\_\_\_\_ NATIONAL FLEET DATABASE UID: \_\_\_\_\_

## 2. VEHICLES - COVER REQUIRED YES NO AS PER SCHEDULE ATTACHED (MUST INCLUDE THE BELOW INFORMATION)

REG NUMBER	MAKE / MODEL	TYPE OF BODY	YEAR OF MAKE	CARRYING CAPACITY (TON) *	GROSS VEHICLE WEIGHT (TON)	USE: HIRE & REWARD / OWN GOODS	ESTIMATED PRESENT VALUE	TERRITORIAL LIMITS IRL/UK OR IRL/UK/EU	COVER: TPO / AD / TPF&T / COMP	EARNED NO CLAIMS BONUS
							€			
							€			
							€			
							€			
							€			
							€			
							€			

\* IMPORTANT NOTE: THE CARRYING CAPACITY MUST INCLUDE THE CAPACITY OF ANY TRAILER BEING TOWED

- WHAT IS THE TOTAL NUMBER OF THE FOLLOWING TYPE OF VEHICLES OWNED / OPERATED BY YOU?  
HAULAGE VEHICLES \_\_\_\_\_ OWN GOODS VEHICLES \_\_\_\_\_ SPECIAL TYPES \_\_\_\_\_ PRIVATE CARS \_\_\_\_\_
- HAS A CERTIFICATE OF ROADWORTHINESS BEEN ISSUED IN RESPECT OF ALL VEHICLES/TRAILERS WHICH ARE SUBJECT TO STATUTORY VEHICLE TESTING REGULATIONS AND ARE BEING PROPOSED FOR THIS INSURANCE? YES  NO
- ARE ALL THE PROPOSED VEHICLES REGISTERED IN YOUR NAME AND OWNED BY YOU? YES  NO
- IS THERE A CRANE, HOIST, OR ANY OTHER TYPE OF LIFTING EQUIPMENT ATTACHED TO ANY OF THE ABOVE VEHICLES? YES  NO   
IF YES PLEASE SPECIFY THE SPLIT IN VALUE BETWEEN VEHICLE AND ATTACHMENT? \_\_\_\_\_  
IF YES PLEASE SPECIFY TYPE OF EQUIPMENT & USE? \_\_\_\_\_
- HAS ANY VEHICLE OR TRAILER BEEN MODIFIED/ADAPTED/CONVERTED FROM THE MANUFACTURERS SPECIFICATIONS? YES  NO
- ARE ANY OF THE PROPOSED VEHICLES LEFT HAND DRIVES? (IF SO PLEASE CONFIRM WHICH VEHICLES) YES  NO
- WILL ANY OF THE PROPOSED VEHICLES BE USED 'AIRSIDE' OR IN CLOSE PROXIMITY TO ANY AIRCRAFT? YES  NO

## 3. TRAILERS - COVER REQUIRED YES NO AS PER SCHEDULE ATTACHED (MUST INCLUDE THE BELOW INFORMATION)

TOTAL NO. OF TRAILERS OWNED BY YOU \_\_\_\_\_ TOTAL NO. OF TRAILERS TO BE COVERED \_\_\_\_\_

OWN (SPECIFIED) OR THIRD PARTY (UNSPECIFIED)	MAKE/MODEL	SERIAL NO (OWN TRAILERS)	TIPPING TRAILER?	COVER REQUIRED: TPO/ TPF&T / COMP	ESTIMATED PRESENT VALUE:
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€
			YES <input type="checkbox"/> NO <input type="checkbox"/>		€

## 4. ACCIDENTS / CLAIMS AS PER ATTACHED CLAIMS EXPERIENCE

GIVE BRIEF DETAILS OF ALL ACCIDENTS, CLAIMS & LOSSES, WHETHER TO BLAME OR NOT, DURING THE LAST **5 YEARS** RELATING TO ALL TYPES OF COVER FOR VEHICLES / TRAILERS OWNED, OPERATED OR DRIVEN BY YOU

DATE OF ACCIDENT	SETTLED AMOUNT	OUTSTANDING RESERVE	MOTOR / TRAILER CLAIMS - GIVE BRIEF DETAILS OF EACH OCCURRENCE (IF INSUFFICIENT SPACE, PLEASE USE A SEPARATE SHEET OR ATTACH CLAIMS EXPERIENCE)
	€	€	
	€	€	
	€	€	

## 5. DRIVERS

- 1) IS THE PROPOSER THE MAIN DRIVER? (IF NO PROVIDE MAIN DRIVER DETAILS BELOW) YES  NO  OR FLEET POLICY
- 2) DO YOU CHECK LICENCE & ACCIDENT HISTORY FOR ALL EMPLOYEES INCLUDING PART-TIME / AGENCY DRIVERS? YES  NO   
IF 'NO' PLEASE PROVIDE EXPLANATION: \_\_\_\_\_
- 3) **ARE THERE ANY DRIVERS (I.E. YOU, DIRECTORS, EMPLOYEES OR ANY OTHER PERSON WHO TO YOUR KNOWLEDGE WILL EVER DRIVE)**
- A. WHO ARE UNDER 25 YRS OLD, OVER 70 YEARS OLD OR WHO HOLD A PROVISIONAL LICENCE? (IF 'YES' PROVIDE DETAILS BELOW) YES  NO

DRIVERS NAME	DATE OF BIRTH	TYPE OF EU LICENCE	CATEGORY OF LICENCE
		FULL <input type="checkbox"/> PROV <input type="checkbox"/>	
		FULL <input type="checkbox"/> PROV <input type="checkbox"/>	

- B. WHO HAVE ANY CRIMINAL OR MOTOR CONVICTIONS OR PROSECUTIONS, PENDING OR OTHERWISE? (IF YES PROVIDE DETAILS BELOW) YES  NO
- C. WHO SUFFER OR HAVE SUFFERED FROM ANY LOSS OF LIMB OR EYE, DEFECTIVE VISION OR HEARING, A HEART / DIABETIC / EPILEPTIC CONDITION OR ANY OTHER INFIRMITY THAT MAY AFFECT THEIR ABILITY TO DRIVE? (IF 'YES' PROVIDE DETAILS BELOW) YES  NO

DRIVERS NAME	DETAILS OF INCIDENT / OFFENCE / INFIRMITY	LICENCE AUTHORITY ADVISED?
		YES <input type="checkbox"/> NO <input type="checkbox"/>
		YES <input type="checkbox"/> NO <input type="checkbox"/>

- D. WHO CURRENTLY HAVE 4 OR MORE PENALTY POINTS &/OR HAVE HAD ANY ACCIDENTS OR CLAIMS IN THE LAST 5 YEARS? YES  NO   
IF 'YES' PLEASE PROVIDE DRIVER DETAILS BELOW OR IN THE CASE OF FLEET POLICIES PLEASE COMPLETE THE FOLLOWING 3 QUESTIONS:
1. ARE THERE ANY DRIVERS WHO HAVE HAD ACCIDENTS OR CLAIMS PRIOR TO THIS EMPLOYMENT OR ACCIDENTS / CLAIMS THAT ARE NOT SHOWN ON THE CLAIMS EXPERIENCE? (IF YES PROVIDE DETAILS BELOW) YES  NO
2. ARE THERE ANY DRIVERS WHO HAVE HAD MORE THAN ONE ACCIDENT / CLAIM? (IF YES PROVIDE DETAILS BELOW) YES  NO
3. ARE THERE ANY DRIVERS WHO HAVE MORE THAN 4 PENALTY POINTS? (IF YES PROVIDE DETAILS BELOW) YES  NO

DRIVERS NAME	DETAILS OF ACCIDENT / CLAIM / PENALTY POINTS (PROVIDE SEPARATE SHEET IF REQUIRED)

**\*\*PLEASE PROVIDE COPY OF DRIVERS LICENCE FOR PROPOSER AND ANY DRIVERS OUTSIDE OF THE OPEN DRIVER CRITERIA\*\***

## 6. COMMERCIAL LIABILITY - COVER REQUIRED YES NO

- COVER REQUIRED:
- PUBLIC LIABILITY ONLY  LIMIT OF INDEMNITY REQUIRED: €2.6 MILLION  €6.5 MILLION
- EMPLOYERS LIABILITY  LIMIT OF INDEMNITY: €13 MILLION
- PRODUCTS LIABILITY  (MUST BE PREAPPROVED BY INSURERS)
- PROPERTY  (MUST BE PREAPPROVED BY INSURERS)

ANNUAL TURNOVER: € \_\_\_\_\_ DIRECTORS WAGES: € \_\_\_\_\_ EMPLOYEES WAGES: € \_\_\_\_\_

IF THE PROPOSED RISK IS A LIMITED COMPANY PLEASE CONFIRM:

NO OF WORKING DIRECTORS \_\_\_\_\_ TOTAL NO OF EMPLOYEES (EXCLUDING WORKING DIRECTORS): \_\_\_\_\_

ARE WORKING DIRECTORS TO BE COVERED (AND CHARGED FOR) AS EMPLOYEES OF THE LIMITED COMPANY? YES  NO

NUMBER OF VEHICLES IN USE: \_\_\_\_\_ NO OF FULL-TIME DRIVERS: \_\_\_\_\_ NO OF PART-TIME DRIVERS: \_\_\_\_\_

NO OF ADMIN/OFFICE STAFF: \_\_\_\_\_ NO OF YARD/MANUAL STAFF: \_\_\_\_\_ NO OF MECHANICS: \_\_\_\_\_

**BUILDINGS SUM INSURED: € \_\_\_\_\_ CONTENTS SUM INSURED: € \_\_\_\_\_**

IS THE PROPERTY OF STANDARD CONSTRUCTION (CONCRETE BLOCK WITH STEEL / GALVANISED ROOFING? YES  NO   
(IF 'NO' TO THE ABOVE PLEASE PROVIDE DETAILS) \_\_\_\_\_

IS THE PREMISES USED FOR ANY OF THE FOLLOWING? HOT WORK  SPRAYING  SUB-LET  MULTI-TENANTED   
(IF 'YES' TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS) \_\_\_\_\_

HAS THE PREMISES BEEN SUBJECT TO ANY OF THE FOLLOWING? FLOODING  THEFT  MALICIOUS DAMAGE   
IF 'YES' TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS: \_\_\_\_\_

**ACCIDENTS/CLAIMS - GIVE BRIEF DETAILS OF ALL LOSSES / ACCIDENTS / CLAIMS IN THE LAST 5 YEARS RELATING TO EMPLOYERS LIABILITY / PUBLIC LIABILITY / PRODUCTS LIABILITY / PROPERTY**

DATE OF ACCIDENT	SETTLED AMOUNT	OUTSTANDING AMOUNT	EMPLOYERS &/ PUBLIC LIABILITY CLAIMS – GIVE BRIEF DETAILS OF EACH OCCURRENCE (IF INSUFFICIENT SPACE, PLEASE USE A SEPARATE SHEET OR ATTACH CLAIMS EXPERIENCE)
	€	€	
	€	€	

**7. CARRIERS LIABILITY (GOODS IN TRANSIT) - COVER REQUIRED** Yes  No

CONDITIONS OF CARRIAGE:  IRHA 2008 CONDITIONS @ €1800 PER TONNE  CMR CONDITIONS  
 (TICK AS REQUIRED)  FULL RESPONSIBILITY - PLEASE SPECIFY MAXIMUM VALUE OF ANY ONE LOAD: € \_\_\_\_\_  
 OTHER - PLEASE SPECIFY & ATTACH COPY

DO YOU EMPLOY / USE SUB-CONTRACTORS? Yes  No   
 IF YES PLEASE PROVIDE GROSS HAULAGE CHARGES FOR SUBCONTRACTED TRAFFIC: € \_\_\_\_\_

NO. OF GOODS CARRYING VEHICLES OWNED: \_\_\_\_\_ NO. OF GOODS CARRYING VEHICLES TO BE COVERED: \_\_\_\_\_  
 NO. OF VEHICLES CARRYING DRY GOODS IN: IRL ONLY \_\_\_\_\_ IRL/UK \_\_\_\_\_ IRL/UK/EU \_\_\_\_\_  
 NO. OF VEHICLES CARRYING REFRIGERATED GOODS IN: IRL ONLY \_\_\_\_\_ IRL/UK \_\_\_\_\_ IRL/UK/EU \_\_\_\_\_

IF COVER IS REQUIRED FOR **TRAILERS** (OWN OR UNSPECIFIED) PLEASE ENSURE **SECTION 3** OF THIS FORM IS FULLY COMPLETED AS COVER IS **NOT** AUTOMATICALLY PROVIDED.

**ACCIDENTS/CLAIMS - GIVE BRIEF DETAILS OF ALL ACCIDENTS/CLAIMS IN THE LAST 5 YEARS RELATING TO CARRIERS LIABILITY POLICIES**

DATE OF ACCIDENT	SETTLED AMOUNT	OUTSTANDING RESERVE	CARRIERS LIABILITY CLAIMS – GIVE BRIEF DETAILS OF EACH OCCURRENCE (IF INSUFFICIENT SPACE, PLEASE USE A SEPARATE SHEET OR ATTACH CLAIMS EXPERIENCE)
	€	€	
	€	€	

**8. GOODS DECLARATION \*\*\*\* N.B. THIS SECTION MUST BE COMPLETED \*\*\*\***

1) WHAT TYPE OF GOODS WILL NORMALLY BE CARRIED: \_\_\_\_\_  
 (PLEASE BE SPECIFIC - TERMS SUCH AS 'DRY GOODS' ARE NOT ACCEPTABLE)  
 2) DO YOU EVER CARRY ANY OF THE FOLLOWING OR PROVIDE ANY OF THE FOLLOWING SERVICES?  
 (TICK AS APPROPRIATE & PROVIDE DETAILS SUCH AS FREQUENCY, % OF LOAD, CONTRACT DETAILS ETC)

TYPE OF GOODS	DETAILS
COMPUTERS / COMPUTER COMPONENTS / COMPUTER EQUIPMENT	<input type="checkbox"/>
PRECIOUS METALS / ITEMS MADE FROM OR CONTAINING PRECIOUS METALS	<input type="checkbox"/>
NON-FERROUS METALS IN SHEET / BAR / COIL / SCRAP OR SIMILAR FORM	<input type="checkbox"/>
AUDIO-VISUAL ITEMS (DVD PLAYERS, GAMES CONSOLES, GAMES ETC)	<input type="checkbox"/>
PORTABLE &/OR PREFABRICATED BUILDINGS	<input type="checkbox"/>
PERFUME, JEWELLERY / WATCHES, PRECIOUS STONES, WORKS OF ART	<input type="checkbox"/>
PROCESSED TOBACCO &/OR TOBACCO PRODUCTS	<input type="checkbox"/>
PHOTOGRAPHIC EQUIPMENT &/OR ACCESSORIES	<input type="checkbox"/>
BOTTLED SPIRITS / BEER / WINE	<input type="checkbox"/>
LIVESTOCK	<input type="checkbox"/>
PLANT &/OR MACHINERY	<input type="checkbox"/>
MOTOR VEHICLES / BOATS / CARAVANS	<input type="checkbox"/>
TIMBER LOGS	<input type="checkbox"/>
DELIVERY SERVICE (E.G. GROCERY DELIVERIES, HOME DELIVERY SERVICE)	<input type="checkbox"/>
REMOVAL SERVICE (HOUSEHOLD / FACTORY / OFFICE ETC)	<input type="checkbox"/>
COURIER SERVICE (I.E. PARCELS / LETTERS ETC)	<input type="checkbox"/>

3) **HAZARDOUS GOODS:** DO YOU EVER CARRY ANY HAZARDOUS GOODS / CHEMICALS? Yes  No   
 IF YES TO THE ABOVE PLEASE SPECIFY TYPE AND CLASSIFICATION: \_\_\_\_\_  
 MAX PERCENTAGE OF ANY ONE LOAD THAT WOULD CONSIST OF HAZARDOUS GOODS / CHEMICALS: \_\_\_\_\_ %

**9. GAP IN COVER (ONLY TO BE COMPLETED IF THERE HAS BEEN A BREAK IN COVER)**

I HEREBY CONFIRM THAT I HAVE NOT HELD MOTOR INSURANCE SINCE THE EXPIRY OF MY POLICY ON \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 BECAUSE \_\_\_\_\_  
 DURING THIS TIME I HAVE NOT BEEN INVOLVED IN ANY ACCIDENTS OR CLAIMS, INCURRED ANY CONVICTIONS OR PENALTY POINTS AND I HAVE NO PENDING PROSECUTIONS.  
**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**10. COVER (EFFECTIVE DATE & TIME)**

COVER REQUIRED WITH EFFECT FROM \_\_\_\_ : \_\_\_\_ HRS ON THE \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

## 11. DECLARATION

HAVE YOU, ANY OF YOUR DIRECTORS OR PARTNERS EVER:

- OWNED, BEEN INVOLVED IN OR HAD DIRECTORSHIP OF ANOTHER COMPANY? Yes  No   
IF YES PROVIDE DETAILS: \_\_\_\_\_
- HAD A PROPOSAL FOR INSURANCE DECLINED, RENEWAL REFUSED, COVER TERMINATED, SPECIAL TERMS/CONDITIONS IMPOSED BY ANY INSURER? Yes  No   
IF YES PROVIDE DETAILS: \_\_\_\_\_
- I/WE DECLARE TO THE BEST OF MY/OUR KNOWLEDGE & BELIEF THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE IN EVERY RESPECT
- I/WE ALSO DECLARE THAT IF ANYTHING ON THIS FORM WAS WRITTEN BY ANOTHER PERSON HE OR SHE ACTED AS MY/OUR AGENT FOR THIS PURPOSE
- I/WE AGREE THAT THIS PROPOSAL AND DECLARATION SHALL BE THE BASIS OF THE CONTRACT BETWEEN ME/US AND THE UNDERWRITERS WHO ARE ACTING ON BEHALF OF THE PARTICIPATING INSURERS
- I/WE DECLARE THAT I/WE WILL NOT KNOWINGLY CARRY OR STORE ANY HAZARDOUS GOODS OR CHEMICALS AS DEFINED IN THE EUROPEAN AGREEMENT FOR THE CARRIAGE OF DANGEROUS CHEMICALS BY ROAD (ADR), UNLESS THE DETAILS OF WHICH HAVE BEEN DISCLOSED TO AND AGREED BY INSURERS.
- I / We HEREBY AUTHORISE THE LICENCE AUTHORITY TO RELEASE ANY INFORMATION OF MY/OUR LICENCE RECORDS TO WRIGHTWAY UNDERWRITING LIMITED

PROPOSERS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

NOTE: IF THE RISK IS A LIMITED COMPANY THE PROPOSAL FORM MUST BE SIGNED BY A DIRECTOR OF THE COMPANY

PRINT NAME: \_\_\_\_\_

POSITION HELD IN COMPANY: \_\_\_\_\_ (IF THE RISK IS A LIMITED COMPANY)

**IMPORTANT NOTICE:** FAILURE TO DISCLOSE MATERIAL FACTS COULD RESULT IN YOUR CONTACT BEING INVALIDATED. MATERIAL FACTS ARE THOSE FACTS WHICH MIGHT INFLUENCE THE ACCEPTANCE OR ASSESSMENT OF YOUR PROPOSAL. IF YOU ARE IN DOUBT AS TO WHETHER A FACT IS MATERIAL YOU SHOULD DISCLOSE IT. A COPY OF THIS PROPOSAL FORM IS AVAILABLE ON WRITTEN REQUEST WITHIN THREE MONTHS FROM THE INCEPTION DATE OF THE POLICY(S)

## QUICK CHECK LIST

- ARE ALL THE QUESTIONS FULLY ANSWERED, INCLUDING SECTION 8 – GOODS DECLARATION?
- IS THE SCHEDULE OF VEHICLES & / TRAILERS ATTACHED (IF DETAILS HAVE NOT BEEN COMPLETED ON THE PROPOSAL FORM)?
- IS THE FULL & COMPLETE OFFICIAL CLAIMS EXPERIENCE OR ORIGINAL NO CLAIMS BONUS ATTACHED?
- IS A COPY OF THE PROPOSERS DRIVING LICENCE (FRONT & BACK) ATTACHED?
- ARE COPIES OF DRIVERS LICENCES (FRONT & BACK) FOR ANY DRIVERS OUTSIDE THE OPEN DRIVING CRITERIA ATTACHED?
- IS THE GAP IN COVER COMPLETE (IF THERE HAS BEEN A BREAK IN COVER)?
- IS THE PROPOSAL FORM SIGNED & DATED BY THE INSURED?
- IS ALL OTHER SUPPORTING DOCUMENTATION ATTACHED (IF REQUIRED)?

## DATA PROTECTION

WRIGHTWAY UNDERWRITING LIMITED (“WRIGHTWAY”) WILL HOLD YOUR DETAILS IN ACCORDANCE WITH OUR DATA PROTECTION AND PRIVACY POLICY TOGETHER WITH ALL APPLICABLE DATA PROTECTION LAWS AND PRINCIPLES.

INFORMATION YOU SUPPLY MAY BE USED BY US AND OUR PARTNERS (BOTH INSIDE AND OUTSIDE THE EUROPEAN ECONOMIC AREA) FOR THE PURPOSES OF ADMINISTERING YOUR POLICY (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

WE MAY SHARE WITH OUR AGENTS AND SERVICE PROVIDERS, OTHER INSURERS AND THEIR AGENTS, AND WITH ANY INTERMEDIARY ACTING FOR YOU, AND WITH RECOGNISED TRADE, GOVERNING AND REGULATORY BODIES (OF WHICH WE ARE A MEMBER OR BY WHICH WE ARE GOVERNED) INFORMATION WE HOLD ABOUT YOU AND YOUR CLAIMS HISTORY. THIS INCLUDES THE INSURANCE-LINK DATABASE AND INSURANCE IRELAND’S ANTI-FRAUD CLAIMS MATCHING DATABASE. WE MAY ALSO IN CERTAIN CIRCUMSTANCES USE PRIVATE INVESTIGATORS TO INVESTIGATE A CLAIM. IN ORDER TO PREVENT AND DETECT FRAUD AND THE NON-DISCLOSURE OF RELEVANT INFORMATION WRIGHTWAY (WUL) MAY AT ANY TIME:

- SHARE INFORMATION ABOUT YOU WITH OUR INSURER PARTNERS INCLUDING COMPANIES WITHIN THE ZURICH INSURANCE GROUP, OTHER ORGANISATIONS OUTSIDE OUR INSURER PARTNERS INCLUDING WHERE APPLICABLE PRIVATE INVESTIGATORS AND PUBLIC BODIES INCLUDING AN GARDA SÍOCHÁNA
- CHECK AND / OR FILE YOUR DETAILS WITH FRAUD PREVENTION AGENCIES AND DATABASES, AND IF YOU GIVE US FALSE OR INACCURATE INFORMATION AND WE SUSPECT FRAUD, WE WILL RECORD THIS.
- THE FOLLOWING ARE A SAMPLE OF SUCH DATABASES USED: THE INSURANCE LINK ANTI-FRAUD REGISTER (FOR MORE INFO SEE [WWW.INSLINK.IE](http://WWW.INSLINK.IE)); THE INTEGRATED INFORMATION DATA SYSTEM (‘IIDS’) TO VERIFY INFORMATION INCLUDING PENALTY POINTS AND NCD; MIAFTR (MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER) OPERATED BY THE ASSOCIATION OF BRITISH INSURERS IN THE UK TO LOGS ALL INSURANCE CLAIMS RELATING TO WRITTEN-OFF AND STOLEN VEHICLES IN THE UK; THE NATIONAL VEHICLE FILE MAINTAINED AND SUPPORTED BY THE DEPARTMENT OF TRANSPORT, TOURISM AND SPORT, CONTAINING DETAILS OF ALL REGISTERED VEHICLES IN THE REPUBLIC OF IRELAND; COMPANIES REGISTRATION OFFICE

THE DATABASES USED ARE NOT LIMITED TO THOSE LISTED ABOVE AND ARE SUBJECT TO CHANGE AT ANY TIME.

WUL MAY ALSO USE YOUR PERSONAL DATA, THE PERSONAL DATA OF YOUR NAMED DRIVERS OR MEMBERS OF YOUR HOUSEHOLD, INFORMATION ABOUT YOUR VEHICLE OR PROPERTY TO SEARCH THESE AGENCIES, DATABASES AND OTHER PUBLICALLY AVAILABLE INFORMATION TO:

- HELP MAKE DECISIONS ABOUT THE PROVISION AND ADMINISTRATION OF INSURANCE, CREDIT AND RELATED SERVICES FOR YOU
- TRACE DEBTORS OR BENEFICIARIES, RECOVER DEBT, PREVENT FRAUD AND TO MANAGE YOUR INSURANCE POLICIES WITH WUL

WE MAY ALSO NEED TO COLLECT SENSITIVE PERSONAL DATA (FOR EXAMPLE, INFORMATION RELATING TO YOUR PHYSICAL OR MENTAL HEALTH OR THE COMMISSION OR ALLEGED COMMISSION OF AN OFFENCE) TO ASSESS THE TERMS OF INSURANCE WE ISSUE/ARRANGE OR TO ADMINISTER CLAIMS WHICH ARISE.

UNLESS YOU HAVE ADVISED US OTHERWISE, WE MAY SHARE INFORMATION THAT YOU PROVIDE TO COMPANIES THAT WE ESTABLISH COMMERCIAL LINKS WITH SO WE AND THEY MAY CONTACT YOU (BY EMAIL, SMS, TELEPHONE OR OTHER APPROPRIATE MEANS) IN ORDER TO TELL YOU ABOUT CAREFULLY SELECTED PRODUCTS, SERVICES OR OFFERS THAT WE BELIEVE WILL BE OF INTEREST TO YOU.

PLEASE TICK HERE IF YOU DO NOT WISH YOUR INFORMATION TO BE UTILISED FOR THESE PURPOSES

YOU HAVE A RIGHT OF ACCESS TO AND A RIGHT TO RECTIFY DATA CONCERNING YOU UNDER THE DATA PROTECTION ACTS 1988 AND 2003. SHOULD YOU WISH TO EXERCISE THIS RIGHT, PLEASE WRITE TO THE DATA PROTECTION OFFICER, WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, DRINAGH, WEXFORD. TO ACCESS YOUR DATA, A FEE OF €6.35 IS CHARGEABLE UNDER THE TERMS OF THE DATA PROTECTION ACTS AND CHEQUE SHOULD BE MADE PAYABLE TO WRIGHTWAY UNDERWRITING LIMITED.

BY PROVIDING US WITH YOUR INFORMATION AND PROCEEDING WITH THIS CONTRACT, YOU CONSENT TO ALL OF YOUR INFORMATION BEING USED, PROCESSED, DISCLOSED, TRANSFERRED AND RETAINED FOR THE PURPOSES OF INSURANCE ADMINISTRATION (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

PLEASE NOTE THAT A COPY OF OUR FULL DATA PROTECTION AND PRIVACY POLICY CAN BE VIEWED ON OUR WEBSITE [WWW.WRIGHTWAY.IE](http://WWW.WRIGHTWAY.IE) OR REQUESTED BY WRITING TO OUR DATA PROTECTION OFFICER AT WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, WEXFORD.