

# WRIGHTWAY ELITE PRIVATE CAR PROPOSAL FORM



Underwritten by Zurich Insurance plc.

This statement of facts is an agreement between you and the Insurer whose name is shown above. This and other information provided in connection with the Statement of Facts form the basis of the contract between you and Insurers. Wrightway Underwriting Ltd will act in accordance with an authorisation granted under contract on behalf of the Insurer named above.

## 1 - PROPOSER

Full Name (Mr/Mrs/Ms/Miss or Trading Name): \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## 2 - VEHICLE DETAILS

| Vehicle Make | Exact Model | CC | Year of Make | Type of Body | Seating Capacity | Date of Purchase | Price Paid | Present Value | Reg No. |
|--------------|-------------|----|--------------|--------------|------------------|------------------|------------|---------------|---------|
|              |             |    |              |              |                  |                  |            |               |         |

- a) Are there any cosmetic, mechanical or engine alterations to the vehicle from Manufacturers' original specification? Yes  No   
If Yes give details: \_\_\_\_\_
- b) Has the vehicle (s) been fitted with any anti-theft device such as electronic alarm/immobilizer/tracking device? Yes  No   
If Yes give details: \_\_\_\_\_
- c) Are you the registered owner of the vehicle listed? Yes  No   
If No give details: \_\_\_\_\_
- d) Is the car normally kept at the above address? Yes  No   
If No give details: \_\_\_\_\_
- e) Is the car kept in a locked garage? Yes  No   
If No give details: \_\_\_\_\_
- f) How many vehicles are owned/used by you? \_\_\_\_\_
- g) Is the vehicle Left Hand Drive? Yes  No
- h) Has the vehicle been previously registered in a country other than Ireland? Yes  No
- i) Has the vehicle been previously declared a total loss? Yes  No

## 3 - DRIVERS

Give details of persons likely to drive INCLUDING YOURSELF below

| Drivers' Names |          | Occupation | Date of Birth | Type of current licence held | Date test passed (MM/YY) | Country of Issue of Licence | Length of permanent & continuous residence in Ireland |
|----------------|----------|------------|---------------|------------------------------|--------------------------|-----------------------------|---|
| Forename       | Surname  |            |               |                              |                          |                             |   |
| Proposer       | Proposer |            |               |                              |                          |                             |   |
|                |          |            |               |                              |                          |                             |   |
|                |          |            |               |                              |                          |                             |   |
|                |          |            |               |                              |                          |                             |   |

4 - Have you, or any person who to your knowledge will ever drive, been convicted of any offence, including any fixed penalty in connection with any motor vehicle or any criminal conviction? Is any prosecution or Garda/Police enquiry pending? Yes  No   
If Yes, give full details of offence codes, dates and penalties for motoring convictions or details of other offences:

**5 -** Do you, or any person who to your knowledge will ever drive, suffer from any loss, or loss of use, of limb, eye, defective vision or hearing (not corrected by spectacles or hearing aids) a heart/diabetic/epileptic condition or from any other infirmity? Yes  No

If Yes, give details: \_\_\_\_\_

Date of onset of disability: \_\_\_\_\_

Have you notified the Licensing Authority? Yes  No

**6 -** Have there been accidents, claims or losses (including fire, theft and windscreen claims) whether to blame or not during the last five years in connection with every motor vehicle (including motorcycles) owned or driven by you or any person who to your knowledge will drive?

If Yes, give dates, circumstances and total costs (including third parties) Yes  No

**7 - COVER**

Cover required from ...../...../..... at : hrs

Indicate cover required Comprehensive  TPF&T  TPO

No Claim Bonus Protection (Option on Comp and TPF&T only) Yes  No

Windscreen Cover (Option on Comp and TPF&T only) Yes  No

Voluntary Excess (Option on Comp only) €100  €200  €300  €500

**8 - USE**

- a) Social, Domestic and Pleasure Use Only Yes  No
- b) Business use by proposer only Yes  No
- c) Business use by other persons Yes  No
- d) Commercial Travelling Yes  No
- e) Carriage of Trade Goods Yes  No
- f) Any other use, please specify Yes  No

**9 -** Have you ever been insured in respect of a motor vehicle Yes  No

If Yes, please state details below and attach proof of entitlement \_\_\_\_\_

| Insurer | Policy Number | Years No Claims Discount Earned | Expiry Date |
|---------|---------------|---------------------------------|-------------|
|         |               |                                 |             |

Is any other vehicle insured in your name? Yes  No

If Yes, give details. \_\_\_\_\_

**10 -** Has any Company or Underwriter declined a proposal or cancelled or refused to renew a motor insurance or required an increased premium or revised terms in respect of any motor insurance proposal effected by you, your spouse, or any person who, to your knowledge, will drive? Yes  No

If Yes, give details: \_\_\_\_\_

**Declaration**

I/We declare to the best of my/our knowledge and 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 Zurich Insurance plc.  
 I hereby authorise the Licence Authority to release any information of my licence records to Wrightway Underwriting Limited.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Important Notice: Failure to disclose material facts could result in your contract 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 date of the proposal. Zurich Insurance plc is committed to respecting the privacy of your personal information and complies fully with the Data Protection Act 1988 as amended. You can view our Data Protection & Privacy Policy on our website at [www.zurich.ie](http://www.zurich.ie), or have a copy sent to you by requesting it from The Data Protection Officer, Zurich Insurance plc, Zurich House, Ballsbridge Park, Dublin 4. Your data may be used by us to provide you with information about products and services from us or other products and services which are arranged for you by us with other companies within Zurich Financial Services Group or with a third party. Please write to us at the above address if you do not wish your information to be utilized for those purposes. Full details of the cover provided appear in the policy document, a copy of which is available on request.

**The Insurer reserves the right to decline any proposal**

## 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.