

OVERSEAS MOTOR INSURANCE PROPOSAL FORM

By completing this Proposal Form you are stating your demands and needs as those of a motor vehicle owner who wishes to insure against **loss of or damage to motor vehicles caused by accidental or malicious damage or vandalism, fire, lightning, explosion, theft or attempted theft.**

Please note our policies exclude Third Party Liability Insurance, which should be arranged locally.

Please state the date you wish the insurance to commence

1 Proposer's Details

Name	<input type="text"/>	Date of birth	<input type="text"/>
Occupation	<input type="text"/>	Nationality	<input type="text"/>
Date passed driving test	<input type="text"/>	Location of passed test	<input type="text"/>
Organisation's name	<input type="text"/>	Country of use	<input type="text"/>
Residential address	<input type="text"/>	Overseas address Address where vehicle will be stored in the country you are seeking insurance for	<input type="text"/>
Correspondence address	<input type="text"/>		
Home telephone number	<input type="text"/>	Overseas telephone number	<input type="text"/>
Home mobile number	<input type="text"/>	Overseas mobile number	<input type="text"/>
Email address	<input type="text"/>		

2 Additional Driver's Details

Please provide details of **ALL** people likely to drive your vehicle

Name	Occupation	Date of birth	Date passed driving test	Location of passed test
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide information of any driving convictions for any of the named drivers (including Proposer) (If none, state "none")

3 Accidents / Claims

Please provide information of all accidents / claims / thefts during the past three years (whether to blame or not) in respect of anyone who will drive your vehicle. (If none, state "none")

Year	No. of incidents	Own vehicle repair costs (£ GBP)	Payment to third parties (£ GBP)	Name of driver	Description of incident

If you have held previous motor insurance please state number of years PROVEN claims free driving

4 Vehicle/s to be Insured

Exact make and model	Year built	Engine size	Purchase date	Purchase price (£ GBP)	Value to be insured* (£ GBP)	Registration number and/or chassis number	Country of registration for the vehicle

Please provide information on any additional vehicles on a separate sheet.

* Note value to be insured can include shipping and freight costs and import duty liability if you are liable.

Where is the vehicle kept overnight?

Please tick to indicate if the vehicle has any of the following security devices:

Alarm	<input type="checkbox"/>	Immobiliser	<input type="checkbox"/>	Tracking device	<input type="checkbox"/>
Other (please state)	<input type="text"/>				

For efficiency we will normally conduct communications with you by email. If you would prefer us to communicate with you by another method, please advise us in writing.

Please ensure that you have read our Data Protection Short Form Privacy Notice, Data Protection Consent Form - Proposal Stage, Insurance Product Information Document and About our Insurance Service, which are attached to this Proposal. Copies are separately available on our website or by contacting us at our postal or email address, details as per the foot of this page.

A copy of the completed Data Protection Consent Form - Proposal Stage must be submitted with the Proposal.

Disclaimer

To the best of my knowledge and belief, the information provided in connection with this Proposal and Data Protection Consent Form - Proposal Stage, whether in my own hand or not, is true and accurate. This Proposal and the information provided in connection therewith contain statements upon which underwriters will rely in deciding to accept this insurance. I understand that the signing of this proposal does not bind me to complete or underwriters to accept this insurance.

Signed	<input type="text"/>	Date	<input type="text"/>
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Please send us your completed and signed Proposal Form and Data Protection Consent Form by email: motor@leadenhall-eu.com