

Motor Quotation

Proposer Details			
Title		First Name	
		Surname	
Date of Birth		Occupation	
Telephone		Mobile Number	
Email			
Address			
Garaging address (If different)			

Cover			
Comprehensive		Third Party Fire & Theft	Third Party Only
Use of vehicle			
Social Domestic & Pleasure		SDP & Commuting	SDP & Business
No Claims Bonus			
Number of years		Protected?	
Overnight Parking			
Garage	Your Drive	Private Land	Car Park
			On Road
Driving Restrictions			
Insured only	Insured & Spouse	Named Drivers	Any Driver 25 +
			Any Driver 30 +

Drivers					
Mr/Mrs Miss/Ms Dr	Full Name	Date of Birth	Licence Type (eg. Full or Provisional)	Month & Year Obtained	Occupation
-----	Proposer	-----	Full	1979	-----

Have you or has any driver:	
a) any disease, physical or mental disability, loss of limb or eye, defective vision or hearing?	
b) ever been refused insurance, had insurance cancelled, declared void (as though it never existed) or had renewal declined, or had any special terms or conditions imposed?	
c) ever been declared bankrupt, or been the subject of bankruptcy proceedings, court judgements, or made arrangements with creditors?	
If you have answered Yes to any of these then please provide details below	

Have you or has any driver had a motoring accident or loss or made any motor insurance claim (including personal injury) or had any motor claim made against them in the last five years?				Yes / No
Name of driver	Date of Incident	Description of incident	Amount paid (total)	Was the driver judged to be at fault Yes / No

Vehicle (1)		Vehicle (2)		Vehicle (3)	
Make		Make		Make	
Model		Model		Model	
Engine Size (CC)		Engine Size (CC)		Engine Size (CC)	
Year of Make		Year of Make		Year of Make	
Value £		Value £		Value £	
Registration number		Registration number		Registration number	
Purchase Date		Purchase Date		Purchase Date	
Details of any modifications		Details of any modifications		Details of any modifications	
No Claims Bonus		No Claims Bonus		No Claims Bonus	
Registered Owner		Registered Owner		Registered Owner	

Vehicle (4)		Vehicle (5)		Vehicle (6)	
Make		Make		Make	
Model		Model		Model	
Engine Size (CC)		Engine Size (CC)		Engine Size (CC)	
Year of Make		Year of Make		Year of Make	
Value £		Value £		Value £	
Registration number		Registration number		Registration number	
Purchase Date		Purchase Date		Purchase Date	
Details of any modifications		Details of any modifications		Details of any modifications	
No Claims Bonus		No Claims Bonus		No Claims Bonus	
Registered Owner		Registered Owner		Registered Owner	

Current Terms					
Current Insurer		Renewal Date		Target Premium	

Contact Us

 01481 726 971
 info@cib-insurance.co.uk
 cib-insurance.co.uk

Channel Insurance Brokers

PO Box 664, 4 South Esplanade
 St Peter Port, Guernsey
 Channel Islands, GY1 3PZ

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