

CHANGE OF VEHICLE



Client information

Policy Number	
Full name	Surname

Motor

Vehicle details	
Sum insured	Make
Model	Year of Manufacture
Auto/manual transmission	Left/right -hand drive
Registration No.	Chassis/VIN No.
Engine No.	M&M Code
Cover Type	
Details of vehicle modifications/accessories	Security device (please supply certificate)
Fire extinguisher?	Is the vehicle registered as built up?
Usual daytime parking	Overnight parking
Driver(s) details	
Registered owner	Title First name Surname
- Date of birth	- Marital status - ID number
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)
- Date of first issue of licence:	Day Month Year
Main driver	Title First name Surname
- Date of birth	- Marital status - ID number
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)
- Date of first issue of licence:	Day Month Year
- Vehicle night address and code	

Motor

Other driver	Title	First name	Surname
- Date of birth		- Marital status	- ID number
- Type of use	- Driver's licence code (i.e. B, EB, C1 etc.)		
- Date of first issue of licence:	Day	Month	Year
Optional benefits / cover			
Executive Policy Credit shortfall Roadside assistance Car hire MUA Concierge New Vehicle - 3 year Depreciation Protection Cover		Personal Policy Credit shortfall Roadside assistance Car hire MUA Concierge	
Policyholder vehicle risk history and information			
Does the policyholder/proposer or main driver(s) suffer from defective hearing or vision or any physical or mental disability? Yes No If Yes, provide full details			
Has the policyholder/proposer or main drivers been charged or convicted of any driving violations? Yes No If Yes, provide full details			
Is the vehicle listed above financed? Yes No			
If Yes, provide name of institution and account number			
Has the policyholder/proposer/any individual who will be covered by this policy been involved in a criminal/civil offence or ever had civil/criminal judgement taken against him/her? Yes No			
If Yes, provide full details			

Disclosure You are reminded of the need to disclose all material facts that are likely to affect the acceptance or assessment of this insurance. If you are in any doubt as to what constitutes a material fact, please consult your broker or MUA Insurance Acceptances as failure to disclose or misrepresentation of a relevant fact may invalidate your insurance or result in it not operating fully.

Declaration I declare that the information supplied in this questionnaire is, to the best of my knowledge and belief, correct and complete and that I have read the note headed "Disclosure". I agree that the completed proposal form and questionnaire and any additional information or document shall form the basis of a contract between Auto & General Insurance Company Limited as represented by MUA, and myself.

Signature of policyholder/proposer	Date
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