

Car Insurance Questionnaire

GAP IN INSURANCE COVER



INFORMATION / DETAILS HELD:

Customer name:	Date of birth
Policy number (of last held Motor Insurance policy in your own name):	
Cancellation date (of last held Motor Insurance policy in your own name):	Date
Is the information noted above correct and accurate?	Yes No
If No please provide the correct information here:	

1 Why is there a gap between the expiry date of your last motor insurance policy and this requested application for insurance (reason for 'gap')?

2 Did you own a vehicle during this gap period?

Yes	No
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If Yes:

a. Did you drive your vehicle?

Yes	No
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b. Was your vehicle driven by anyone or kept on a public road during the gap in cover?

Yes	No
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c. Was the vehicle declared as being off the road (a completed off-road declaration form RF150) and submitted to your local tax office for the gap in cover period?

Yes	No
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3 Did you drive any other vehicle during this period?

Yes	No
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4 Have you or your vehicle been involved in any accidents or incidents, which may give rise to a claim(s) during this 'gap' period?

Yes	No
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5 Have you incurred any motoring convictions or driving offences during this period?

Yes	No
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Directors: M Shaw (Chairman) (Canadian), D O'Rourke (Chief Executive Officer), L Caslin (British), S McCarthy, S O'Brien, A O'Riordan, T O'Rourke, J Poole (British), A Winslow (British)
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If the answer to questions 2 to 5 above is “Yes”, please provide the additional details/information below:

DUTY OF DISCLOSURE

Please remember that you are under a duty to answer all questions we ask honestly and with reasonable care. Please check that all the information provided by you in this document is correct. This is for your own protection because, if you do not give us all the information we need, your policy may not provide you with the cover you need, a claim may not be paid, the policy could be declared invalid and void or may be cancelled, and you may encounter difficulty trying to purchase insurance elsewhere.

Warning: It is an offence under the Road Traffic Act to make any false statement or withhold information to get a certificate of insurance.

Important: Please keep a copy of this completed form, as it will form part of any contract you may enter into with us.

Customer's signature	
Print name	Date