

AGENCY REFERENCE  
6

POLICY NO  
1  
INS No: 266 NET INDIC: 267 COLL CODE: 268

# Private Car Proposal

The Insurer (✓ as appropriate)  
Norwich Union Fire Ins. Society Ltd

Scottish Union & National Ins. Co.

**NAME** in full (indicate if Mrs. or Miss)  
4 Mr. Alexander Louis Moore  
5  
**AGE** 54 **DATE OF BIRTH** 281 7 . 8 . 32

**ADDRESS** in full (including Postcode)  
6 Oak Lodge, Hollywood Lane,  
7 West Kingsdown,  
8 Sevenoaks,  
9 Kent Postcode 11 TN15 6JG  
10 Accountant

**OCCUPATION** in full (including part-time)

## VEHICLE

Make and Model of Car	Registration Mark	c.c. or H.P. of engine	Year of Make	Estimated Value	State any changes made to makers specifications. If none show "NONE"	Seating capacity
15 Jaguar Saloon	16 MVJ 646F	17 3 litre	58 1968	18 5500	See attached	4/5
22	23	24	87	25		

1.  Yes  No The vehicle usually kept at the above address?  
 2.  Yes  No Are you the owner of the vehicle and is it registered in your name?  
 3.  Yes  No Do you wish to restrict driving to yourself only?  
 4. Give details below of:— (i) yourself, (ii) your husband/wife if he/she has ever held a motor licence, (iii) all other persons who to your knowledge will drive.

Name(s) of Person(s)	Period of car driving	Type of current licence held (Full or Provisional)	Details of all accidents, fire or theft losses during the past 3 years — If none, state "NONE"	Age(s)	Occupation
YOURSELF	30	Full	17.4.86 Hit in rear in Dartford Tunnel whilst stationary. Full recovery from other party.		
Iris Rose Moore	20	Full	None	55	Secretary

5. Only to be completed when you are aged 25 or over (not applicable to Companies or Firms).  
 Is any driver aged under 23 years?  
 (a) Does he/she own a vehicle insured separately?  
 (b) Is he/she the Main User of any of the cars proposed?  
 (c) How many cars are owned or used by you and members of your household, including Company Cars?  
 6.  Yes  No Have you and have all persons who to your knowledge will drive resided in the United Kingdom or the Republic of Ireland for at least the last 3 years?  
 7.  Yes  No Are you or have you been insured in your own name in respect of any motor vehicle (apart from any Cover Note issued with this proposal)?  
 8.  Yes  No Do you or does any person who to your knowledge will drive have (or have any history of) defective vision or hearing (not corrected by glasses or hearing aid), diabetes or any disease or physical or mental infirmity or fits of any kind?  
 You are reminded that you are required by law to inform 'Drivers Medical Branch, DVLC, Swansea, SA99 1AT', at once, if you have any disability (including any physical or mental condition) which is, or may become likely to affect your fitness as a driver.  
 9.  Yes  No Have you or your husband/wife (whether or not he/she drives) or any other person who to your knowledge will drive:—  
 (a) been convicted during the past 5 years of any offence in connection with any motor vehicle?  
 (b) ever been disqualified from driving?  
 (c) any prosecution or police enquiry pending?  
 (d) had a proposal declined?  
 (e) been required to pay an increased premium or had special conditions imposed?  
 (f) had a policy cancelled or been refused renewal?

## USE

10. In addition to social, domestic and pleasure use (which includes travel to and from normal place of work) will the vehicle be used for:—  
 (a) business purposes by yourself and/or your husband/wife?  
 (b) business purposes by any other persons?  
 (c) commercial travelling, professional driving tuition or motor trade purposes?

## AGENT/COMPANY USE ONLY

District  Vehicle Group  Class   
**CHART POINTS**  
 ADD (if applicable) \_\_\_\_\_  
 NCD Protection \_\_\_\_\_  
 Type Car \_\_\_\_\_  
 Excess value \_\_\_\_\_  
 Accidents/Convictions \_\_\_\_\_