



Masterpiece Classic Car Policy Proposal Form

AGENT NAME	The Asset Trust Group	POLICY NUMBER	
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PROPOSER DETAILS				
NAME		POSTAL ADDRESS		POSTCODE
CONTACT NUMBERS				
DAY	EVENING	MOBILE	FAX NO:	EMAIL
VEHICLE CLUB MEMBERSHIP:			MEMBERSHIP NO:	

VEHICLES	1	2	3	4
MAKE				
MODEL				
C.C.				
YEAR OF MAKE				
REGISTRATION NO				
VALUE				
COVER REQUIRED ? EITHER AGREED VALUE, MARKET VALUE OR REINSTATEMENT VALUE				
MILEOMETER READING				
ANNUAL MILEAGE LIMIT				
NO CLAIMS DISCOUNT IN YEARS ?				
ARE YOU THE OWNER AND REGISTERED KEEPER OF THE VEHICLE ? (IF NOT, PLEASE PROVIDE FULL DETAILS)				
IS THIS VEHICLE LEFT HAND DRIVE ?				
IS THE VEHICLE MODIFIED FROM THE ORIGINAL SPECIFICATION ? (IF SO, PLEASE PROVIDE DETAILS)				
WHERE IS THE VEHICLE USUALLY KEPT OVERNIGHT?				
DECLARED GARAGING ADDRESS (PLEASE PROVIDE DETAILS IF DIFFERENT FROM YOUR POSTAL ADDRESS ABOVE)				
DO YOU REQUIRE COVER FOR SPARE PARTS AND ACCESSORIES FOR THIS VEHICLE ? (IF SO, PLEASE STATE AMOUNT OF COVER REQUIRED)				
IS THE VEHICLE FITTED WITH AN IMMOBILISOR?				
IS THE VEHICLE FITTED WITH A VEHICLE TRACKING DEVICE ? (IF SO, PLEASE NAME THE DEVICE)				
WHO IS THE MAIN DRIVER ?				
IN ADDITION TO SOCIAL, DOMESTIC, PLEASURE AND COMMUTING USE, WILL THE VEHICLE BE USED FOR BUSINESS ? (IF SO , BY WHICH DRIVERS ?)				



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DRIVING OF THE VEHICLES IS LIMITED TO THOSE DRIVERS NAMED BELOW

DRIVERS	PROPOSER	PLEASE NAME ANY OTHER DRIVERS		
NAME				
DATE OF BIRTH				
OCCUPATION (INCL PART TIME)				
LICENCE TYPE (PROVISIONAL/FULL)				
LENGTH OF TIME HELD				
WHICH OF THE ABOVE VEHICLES ARE DRIVEN BY THIS DRIVER ?				
<ul style="list-style-type: none"> RECEIVED ANY MOTORING CONVICTIONS WITHIN THE LAST 5 YEARS OR PENDING PROSECUTIONS ? (IF, SO PLEASE PROVIDE DETAILS) 				
<ul style="list-style-type: none"> BEEN DISQUALIFIED FROM DRIVING ? (IF, SO PLEASE PROVIDE DETAILS) 				
<ul style="list-style-type: none"> BEEN CONVICTED OF ANY CRIMINAL OFFENCE OR ANY PENDING PROSECUTIONS ? (IF, SO PLEASE PROVIDE DETAILS) 				
<ul style="list-style-type: none"> BEEN DECLINED INSURANCE OR DECLARED BANKRUPT ? (IF, SO PLEASE PROVIDE DETAILS) 				
<ul style="list-style-type: none"> BEEN INVOLVED IN AN ACCIDENT CAUSED BY ANY MEDICAL CONDITION OR DISABILITY ? (IF, SO PLEASE PROVIDE DETAILS) 				
<ul style="list-style-type: none"> RECEIVED A RESTRICTED DRIVING LICENCE FROM THE DVLA ? (IF, SO PLEASE PROVIDE DETAILS) 				
<ul style="list-style-type: none"> HAD ANY VEHICLE ACCIDENTS, CLAIMS OR LOSSES WITHIN IN THE LAST 5 YEARS? (IF, SO PLEASE PROVIDE DETAILS) 				

VEHICLE TRAILERS	MAKE	MODEL	TYPE OF TRAILER (HORSEBOX, FLATBED, ETC)	AMOUNT OF COVER
DO YOU REQUIRE COVER FOR A VEHICLE TRAILER ? (IF SO, PLEASE PROVIDE DETAILS)				



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Important - You must read all the following before signing this Proposal Form:

This insurance cover is not provided until this Proposal Form has been accepted by Chubb. Chubb reserve the right to impose special terms or decline any proposal.

Fraud Prevention

Chubb pass the information that forms the basis of Your Policy to the ABI. Any incident that You may give Chubb details of, whether or not You pursue a claim, will also be passed to the ABI and the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd. The aim is to help insurers check information provided and also to prevent fraudulent claims. When processing this form Chubb may search the register. In response to any searches Chubb may make in connection with Your Policy or any incident You have given Chubb details of, the ABI and the Claims and Underwriting Exchange register may pass information to Chubb that it has received from other insurers about other incidents anyone insured to drive the Vehicle covered under Your Policy has been involved in.

Your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers' Information Centre (MIIC). MID data may be used by the DVLA and DVLNI for the purpose of Electronic Vehicle Licensing and by the Police for the purposes of establishing whether a driver's use of the Vehicle is likely to be covered by a motor insurance policy and/or for preventing and detecting crime. If You are involved in an accident (in the UK or abroad), other UK insurers, the Motor Insurers' Bureau and MIIC may search the MID to obtain relevant policy information. Persons pursuing a claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information which is held on the MID. You can find out more about this from Chubb, or at www.miic.org.uk

Data Protection Notice

Chubb collects and processes personal information about you, such as your name, address, policy number and any other personal details you provide to Chubb (directly or through your broker) in order to provide you with insurance and claims services. Chubb will treat this information in accordance with applicable data protection law. For policy administration purposes, Chubb will use and store your personal information on an electronic database, which may also be available to selected authorised representatives of member insurers of the Chubb Group of Insurance Companies operating outside Europe. Chubb has taken reasonable measures to protect your personal information once it is transferred outside Europe in accordance with their normal data security policies. Chubb may also disclose your personal information to outside parties, such as premium collection agencies, reinsurers, outside counsel and claims administrators, to facilitate the provision of insurance and claims services to you, or as allowed by law.

Declaration

You are reminded of the need to disclose any material facts which are likely to affect the acceptance or assessment of this application for insurance, by Chubb. A material fact is one an Insurer would regard as likely to influence the acceptance or assessment of an insurance application. Failure to disclose any material facts may invalidate Your Policy or may result in any loss not being covered under Your Policy. If You are unsure what information may be material to Your Policy, please contact Your insurance broker or Chubb for advice.

I declare that by signing this Proposal Form, I have read and accept all the notes under the heading of 'Important'.

I declare that the information given in this Proposal Form is, to the best of my knowledge and belief, correct and complete.

Proposer's signature	Date
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Chubb Insurance Company of Europe S.A., is a Belgian company registered under company number 0403.270.372 at Banque Carrefour des Entreprises, whose registered office is at Twin House, Rue Neerveld 107, B-1200 Brussels, Belgium, and whose registered UK branch address is 106 Fenchurch Street, London EC3M 5NB.

Chubb is listed on the FSA Register under registration number 202736. You can check this on the FSA's register by