



Mayfair Insurance & Mortgage Consultants Ltd  
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Telephone: 01234 242900 Fax: 01234 357451

Lady Direct Insurance: Motor Insurance Quote Form

In order for us to process this form successfully, please fill in exact details. Also include a valid email address. Once you have completed this form, either Fax or Post it back to us, using the contact details above.

Day      Month      Year

Full Name:

D.O.B.:

Address:

Town/City:

County:

Postcode:

Daytime Phone:

Work Phone:

Mobile Number:

E-Mail Address:

IF YOU ONLY NEED INFORMATION about this type of insurance and do not want to fill out this entire form, please fill out the next box and tell us what information you require. Once you have completed this form, either Fax or Post it back to us, using the contact details above.

Information required:

Vehicle:

Make:

Model:

Engine Size:

Veh. Reg:

Fuel Type:

Transmission:

# of Doors:

# of Seats:

Year:

Body: Type: (XR31, GLX)

Value:

#### Vehicle Alarm Details:

Alarm Fitted: Yes No Alarm Model:

Other, Please state:

Fitted by: Other, Please state:

#### Vehicle Immobiliser Details:

Immobiliser: Yes No Immobiliser Model:

Other, Please state:

Fitted by: Other, Please state:

#### Vehicle Tracking Device Details:

Tracking Device: Yes No Model Fitted:

Other, Please state:

Fitted by: Other, Please state:

Parking: Who will drive?:

Registered Owner: Other, Please state:

Registered Keeper: Other, Please state:

Age of youngest driver: Length of Policy:

**Proposer Details:**

Sex: Male Female D.O.B. Day Month Year  
 Driving Status: Occupation:  
 Business: Status:  
 Employed:

**Personal Details:**

Marital Status: Length of Residency:  
 Licence Type: months years  
 Country of Origin: length licence held:  
 Country Issued: Vehicle Usage:

All Policies have Social, Domestic and Pleasure use.

To and from one permanent place of work: Yes No  
 Extended Use: Yes No  
 Personal Business Use: Yes No  
 Employers Business Use: Yes No  
 Carriage of Goods: Yes No

Private Mileage: Business Mileage:

Home Owner: Yes No Renewal Date:

Contents sum Insured: Buildings sum Insured

Smoker: Yes No Drinker: Yes No

Do you have use of any other vehicle: Yes No

Whose car do you use: Other please state:

Renewal Date:

Have you suffered any loss during the past 5 years regardless of blame, this includes lost by Theft, Accident, Fire, Malicious, Accidental. Yes No

How many accidents have you been involved in?

Date of Loss:

Type:

Damage to your vehicle: £:

Damage to third party (if applicable) £:

Did your insurers recover all their costs?: Yes No

Was your No Claims discount affected?: Yes No

Whose Policy was the claim under?:

Other:

Your fault?: Yes No Description:

Do you have motoring convictions in the past 11 years?: Yes No

How many offences have occurred?:

Date of Offence:

Date of Conviction:

Fine:

How many Points:

Length of Ban:

Do you have any disabilities or medical infirmities: Yes No

Type of Infirmities:

Other, Please state:

Have DVLA been notified: Yes No

Has your driving licence been restricted: Yes No

How long have you had your infirmity?:

Has your vehicle been adapted?: Yes No

## Cover Details:

Cover:

Years NCB:

Protected NCB:    Yes    No

Type of NCB:

Parking Postcode:

Renewal Date:

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An independent intermediary for a number of insurers under the ABI code of practice.