



Telephone: 01234 242900 Fax: 01234 357451

**Performance 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.

	Day	Month	Year
Full Name:	D.O.B.:		
Address:	Town/City:		
County:	Postcode:		
Daytime Phone:	Work Phone:		
Mobile Number:	E-Mail Address:		
Occupation:			

**'Quick Quote'**

If you do not want to complete this entire form, please complete 'Information Required' box and fax it back to us. One of our Insurance Executives will call you back within 24 hours.

Information required:

Once you have filled in the box above, click on submit at base of page.

**Vehicle Details:**

Make:	Model:
Type (eg XR3i):	Engine Size:
Veh. Reg:	Fuel Type:
Transmission:	Number of Doors:
Number of Seats:	Year:
Body:	Type: (XR3i, 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:



## Accidents / Convictions:

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

Conviction Code:

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:

By submitting this form you agree that the details you have given are accurate to the best of your knowledge. By submitting false information you may be liable for prosecution under UK Law.