

AIG Private Client Group

*To submit this Quotation Request please*

*E-Mail to [aw@anthonywakefield.com](mailto:aw@anthonywakefield.com)*

*Fax to 01306 740 770*

## Motor Vehicle Quotation Request

### Request Details

Broker Name	Telephone Number	Fax Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

### Insured Details

Name of Insured	<input type="text"/>
	Postcode
Home Address	<input type="text"/>

### Driver Details

1	<b>Driver Name</b>	Occupation	Employer's Business	Marital Status
	Insured	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	Full/Provisional Licence	Years Held	Years Resident in UK
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Relationship to Insured	Vehicle Use (e.g. Main)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<b>Driver Name</b>	Occupation	Employer's Business	Marital Status
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	Full/Provisional Licence	Years Held	Years Resident in UK
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Relationship to Insured	Vehicle Use (e.g. Main)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<b>Driver Name</b>	Occupation	Employer's Business	Marital Status
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	Full/Provisional Licence	Years Held	Years Resident in UK
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Relationship to Insured	Vehicle Use (e.g. Main)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	<b>Driver Name</b>	Occupation	Employer's Business	Marital Status
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	Full/Provisional Licence	Years Held	Years Resident in UK
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Relationship to Insured	Vehicle Use (e.g. Main)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	<b>Driver Name</b>	Occupation	Employer's Business	Marital Status
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Date of Birth	Full/Provisional Licence	Years Held	Years Resident in UK
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
			Relationship to Insured	Vehicle Use (e.g. Main)
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Accident and Claim History

Driver's Name	Claim Date	Own Damage Costs	3 <sup>rd</sup> Party Costs	Claim Description
		£	£	
		£	£	
		£	£	
		£	£	

## Convictions

Divers Name	Conviction Code	Conviction Date	No Points Lost	Fine	Ban	Blood Alcohol Level
				£		
				£		
				£		

## Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3
Make			
Exact Model (e.g. LX)			
Engine Size			
Year of Make			
Type of Body			
Modified?			
Value	£	£	£
Alarm/Immobiliser (e.g. Cobra TH1)			
Garage/Drive/Road where kept			
Postcode if different from Home			
Annual Mileage			
No of Vehicles in Household			
Registered Owner & Keeper (i.e. Insured)			
Drivers (e.g. Insured & Spouse/any Driver 25 yrs +)			
Class of Use (e.g. SDP Class 1/2/3)			
Cover Required (e.g. COMP/TPFT/TPO)			
Voluntary Excess	£	£	£

## Insurance History

Previous Insurers	Renewal Date	No of Years No Claim Bonus	Protected Bonus?

## Company Car History

Personal Use of Company Car?	No of Years Company Car Claim Free Driving?	Still have Use of Company Car?