



# KNIGHTSBRIDGE

INSURANCE GROUP

## MOTOR VEHICLE FLEET INSURANCE

### ● Contact Details

First Name\*

Phone\*

Last Name\*

Email\*

Insured Name/s

Are there any losses that have not been notified to the insurer?

Yes  No

### ● Vehicle listing

Registration Number

Year

Make

Model

Basis of Cover

Sum Insured

Basic Excess

Hire car following accident?

Yes  No

What is the postcode for the main base of operation?

Is excess free windscreen cover required?

Yes  No

### ● Driver History

Has any driver to be insured by this policy incurred any driving infringements in the last five years?

Yes  No

if yes, please provide details

Has any driver to be insured by this policy had their license cancelled or suspended in the last five years?

Yes       No

if yes, please provide details

Has any driver to be insured by this policy had any convictions relating to alcohol, drugs, dangerous driving or failing to stop after an accident in the last 5 years?

Yes       No

if yes, please provide details

Are there ANY drivers under 25 years old?

Yes       No

if yes, What is their date of birth?

**Signature**

Name

Position/Title

Date