



Motor Insurance Declaration Form



Name &
Surname

Policy
number

ID number/
Passport

Registration
number

I the undersigned hereby authorise Elmo Insurance Ltd to effect the following changes to my policy as follows:

Details of who will be driving the motor vehicle

- | | |
|---|---|
| <input type="checkbox"/> Drivers over 18 years of age | <input type="checkbox"/> Drivers over 36 years of age |
| <input type="checkbox"/> Drivers over 21 years of age | <input type="checkbox"/> Drivers over 50 years of age |
| <input type="checkbox"/> Drivers over 25 years of age | <input type="checkbox"/> Insured only driver |
| <input type="checkbox"/> Insured and one named driver | |

Name &
Surname

ID
number

Date of
birth

 / /

Level of Cover

- Change of cover to Comprehensive
- Change of cover to Third Party Fire & Theft
- Change of cover to Third Party Only

Vehicles Value

- Change of value €
- Delete NCD-Number of Years
- Transfer of NCD (Spouse consent) to policy no:

Declaration

I confirm that no other material change occurred to the information disclosed in my completed proposal form. I understand that failure to disclose material facts to Elmo Insurance Ltd may lead to my policy being rendered void and I undertake to inform Elmo Insurance Ltd immediately regarding any change of circumstances which may occur during this period of insurance or upon any renewal of this policy.

Policyholder's
signature

Date

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