



Statement of Fact Campervan Insurance

This Campervan Insurance policy is arranged by LHK Insurance Ltd trading as LHK Insurance and LHK Group, and is underwritten by FBD Insurance plc.

For staff / office use only

| | | |
|-----------------------|-------------|-----------|
| LHK Reference Number: | | |
| Period of Insurance | <i>From</i> | <i>To</i> |
| Date (dd/mm/yyyy): | | |
| Time: | | |

Check this document carefully

You must check that the details in this document are true, accurate and complete. If anything is wrong:

- Please call LHK Insurance on 01 205 5600 (Option 3) or email campervanteam@lhkgroup.ie
- Any change may result in an adjustment to your quoted premium or policy terms.

Your duty of disclosure is outlined under Section 'K: Important information and declaration' at the end of this document. If you are in any doubt about our questions and your responses, you must tell us by contacting LHK Insurance.

This Statement of Fact replaces any Statement of Fact previously issued to you and will form the basis of your insurance contract

Section A: Proposer details

| | |
|--------------------------------------|--|
| Title (Mr., Mrs., Miss, Ms., Other): | |
| Name (First name and surname): | |
| Date of Birth: | |
| Postal address: | |
| | |
| | |
| Eircode: | |
| Daytime telephone number: | |
| Email address: | |

FBD Insurance plc. Registered in Ireland. Registration Number: 25475.
Registered Office: FBD House, Bluebell, Dublin 12, D12 Y0HE, Ireland.
A list of names and personal details of every director of the company is available for inspection to the public at the company's registered office.
FBD Insurance plc is regulated by the Central Bank of Ireland



Section B: Vehicle details

| | | |
|----|--|-----------|
| 1 | Vehicle body type? | Campervan |
| 2 | What is the vehicle registration number? | |
| 3 | Make and model of vehicle? | |
| 4 | What is the cubic capacity (c.c.) of the vehicle? | |
| 5 | Gross vehicle weight (g.v.w.) This is the weight of the vehicle plus its maximum load, as specified by the manufacturer and in the vehicle's Registration Certificate, CVRT and Weight Plate. GVW can be set out in kilograms or 'tons' (e.g. 3500 kilograms or 3.5 ton). | |
| 6 | Year of manufacture of the vehicle?* | |
| 7 | Estimated value (based on market value)? | € |
| 8 | Is the vehicle a standard right hand drive? | |
| 9 | Is this vehicle owned by you and registered in your name? If 'no' what is the registered owner's relationship to you (the proposer)? | |
| 10 | Has the vehicle been modified in any way since it was manufactured?* | |
| | If 'yes', what modifications have been made? | |
| | | |
| | | |
| 11 | Is the internal standing height of the campervan at least 1.8 metres? | |
| 12 | Was the vehicle originally manufactured as a motor caravan?* | |
| 13 | If the vehicle has been converted is it now registered as a motor caravan?* | |
| 14 | Is the main driver of the campervan currently insured to drive a separate vehicle, which is used as their main vehicle for day to day use? | |
| 15 | Can you provide proof of a primary residence where you live on a daily basis, separate to the temporary living accommodation provided by the motor caravan? | |

* If your vehicle has been converted into a campervan you must provide an engineer's report. If your vehicle is over 15 years of age, proof of a valid D.O.E. Certificate of Road Worthiness is required.

Section C: Location details

| | | |
|---|--|--|
| 1 | Is the vehicle kept overnight at the postal address above | |
| 2 | If 'no', at what address is the vehicle is kept overnight? | |
| | | |
| | | |
| | | |

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Section D: Drivers

- Please complete the driver and licence details for the main driver of the vehicle and for each additional driver you wish to name under your policy.
- If you require open driving, please choose below.

Do you require open driving for drivers aged 25-71 years inclusive, who hold a full Irish, full UK, or full EU licence (an extra premium will apply for this driving option)?

Main driver (mandatory)

Name

Date of birth

What type of driving licence do you hold (e.g. Full, Learner permit)?

In which country was your driving licence issued (e.g. Ireland, UK, other)?

Driver number?

Relationship to proposer?

Named driver 1

Name

Date of birth

What type of driving licence do you hold (e.g. Full, Learner permit)?

In which country was your driving licence issued (e.g. Ireland, UK, other)?

Driver number?

Relationship to proposer?

Named driver 2

Name

Date of birth

What type of driving licence do you hold (e.g. Full, Learner permit)?

In which country was your driving licence issued (e.g. Ireland, UK, other)?

Driver number?

Relationship to proposer?

It is your responsibility to ensure your licence (or that of anyone covered to drive) is appropriate for the vehicle being driven. Licence requirements may alter based on a change of vehicle, weight or trailers towed.

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E. Accidents or claims

Have you or any person who may drive had any accidents or losses in the last 5 years, whether insured or not (please note this question applies to accidents or losses in any campervan, private car, commercial vehicle or other motor vehicle requiring insurance under the Road Traffic Acts)?

If 'yes', give details below:

| Driver | Type of incident | Month and Year of incident | Claim status (settled / outstanding) | Total cost of claim |
|--------|------------------|----------------------------|--------------------------------------|---------------------|
| | | | | € |
| | | | | € |
| | | | | € |

F. Insurance history

Have you or any person who may drive ever:

1. been refused motor insurance or renewal,
2. had any special terms imposed, or
3. had motor insurance cancelled?

If 'yes', give details below:

| Driver | Details | Year |
|--------|---------|------|
| | | |
| | | |
| | | |

G. Convictions or prosecutions*

Have you or any person who may drive:

1. ever been convicted of a driving offence,
2. ever been convicted of a criminal offence, or
3. any prosecutions pending?

If 'yes', give details below:

| Driver | Type of offence and details | Year of last offence |
|--------|-----------------------------|----------------------|
| | | |
| | | |
| | | |

*A conviction which qualifies as a spent conviction under the terms of the Children Act 2001 or Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 can be ignored.

H. Disqualification

Have you or any person who may drive ever been disqualified from driving?

If 'yes', give details below:

| Driver | Details including type of offence and number of offences? | Year of disqualification |
|--------|---|--------------------------|
| | | |
| | | |
| | | |

I. Penalty points

Have you or any person who may drive any penalty points?

If 'yes', give details below:

| Driver | Number of points | Reason for points | Date received |
|--------|------------------|-------------------|---------------|
| | | | |
| | | | |
| | | | |

J. Medical conditions

1. Have you or any person who may drive any physical or medical condition that impairs driving ability?

If 'yes', please answer the following additional questions:

2. Has the National Driver Licence Service (NDLS) been notified of the physical or medical condition(s) and is the person adhering to any licence requirements applicable?

3. Can the person provide their current driving licence with the relevant code noted or a doctor's statement confirming fitness to drive?

Section K: Important information and declaration

| | | |
|----------------------------------|---|---|
| Cover and use | Type of cover | Comprehensive |
| | What is the vehicle used for? | Social, Domestic and Pleasure Use only |
| | Territorial limits | The territorial limits under your Campervan policy are extended to include temporary travel for up to 90 days in any period of insurance, to any European Union member states or any other country within the European economic area. |
| Duty of disclosure | <p>You must make sure that all information you give us is true, accurate and complete. Our questions and your responses will influence our acceptance of your insurance, your premium and the terms and conditions we apply.</p> <p>If there is ever any change in this information, or you are in any doubt about our questions and your responses, you must tell us by contacting LHK Insurance.</p> | |
| Failure to meet your duty | <p>If you do not always meet this duty carefully and honestly, you may face:</p> <ul style="list-style-type: none"> • A sudden change in cover, premium or terms. • An invalid or cancelled policy. • No claim payment or reduced claim payment. • Difficulty buying insurance again. • Breaking the terms of any relevant loan. | |
| Please note | <p>As it is an offence under the Road Traffic Act to make any false statement or withhold information to get a certificate of insurance, you should make sure that you answer all questions fully and accurately. If the proposer is a company, you must read and answer the questions as though they also apply to each individual partner or member.</p> | |
| Declaration statement | <p>Your policy will be underwritten by FBD Insurance plc. By applying for this insurance contract with FBD Insurance plc, you are confirming that:</p> <ul style="list-style-type: none"> • The information recorded in this Statement of Fact is true, accurate and complete. • You have answered all questions honestly and with reasonable care. • You accept the terms, conditions and limitations of cover set out by FBD Insurance plc, including the policy booklet and endorsements and FBD Insurance plc Terms of Business information and data protection statement. • You agree that this Statement of Fact will form the basis of your insurance contract. • Indemnity to your employer is not required, you are not registered for VAT, and your vehicle will not be used to carry any dangerous, explosive, radioactive, toxic goods or does not have any work attachments fitted. • You understand that all policies which may be issued will be subject to the LHK Terms of Business. • The personal information (including sensitive personal information) you have provided can be used as set out in the FBD Insurance plc Terms of Business Information and data protection statement. | |