

INSURANCELINK – PERSONAL ENQUIRY FORM

Additional information on Insurancelink can be found at <http://www.inslink.ie>

Please use BLOCK CAPITALS to complete this form. All information will be treated in strict confidence. We will use this information to identify any claims relating to you held in InsuranceLink and report these back to you.

PERSONAL DETAILS

Forename		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Middle Name				
Surname		Maiden Name (if applicable)		
Date of Birth	<i>DD/MM/YYYY format</i>			

Current Address		County
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To ensure you receive a complete report, please provide information on previous addresses used by you.

Previous Address 1		County
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Previous Address 2		County
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Previous Address 3		County
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Previous Address 4		County
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NOTE: Additional Addresses can be added to the back of this form. Please ensure you enter the information in BLOCK CAPITALS.

VEHICLE DETAILS (required to check for motor claims on a vehicle currently owned by you)

Registration	
Make	Model

OTHER DETAILS

Proof of Identification	Please indicate below what form of identification you have provided. We require copies of the documents and will return them to you with the results. <input type="checkbox"/> Utility Bill (Electricity, Gas, Phone etc.) <input type="checkbox"/> Bank Statement <input type="checkbox"/> Driving License <input type="checkbox"/> Passport <input type="checkbox"/> Other
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Access Request Procedure	The completed form and proof of identification should be posted to: <p style="text-align: center;">InsuranceLink, Verisk Insurance Solutions - Ireland, 3 Custom House Plaza, Harbour Master Place, I.F.S.C., Dublin 1, D01 VY76, Ireland</p>
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SIGNED: _____ DATE: _____