

INSURANCELINK – PERSONAL ENQUIRY FORM

Additional information on Insurancelink can be found at <http://info.insurancelink.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 <i>(if applicable)</i>		
Date of Birth	<i>DD/MM/YYYY format</i>			

Current Address	
	County

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

Previous Address 1	
	County

Previous Address 2	
	County

Previous Address 3	
	County

Previous Address 4	
	County

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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Payment	Please enclose a cheque for €6.35 made payable to <i>Risk Intelligence Ireland</i> . The completed form, payment and proof of identification should be sent to: <p style="text-align: center;">Insurancelink, Verisk Insurance Solutions - Ireland, Level 1, Unit 1A 3 Custom House Plaza, Harbour Master Place, I.F.S.C., Dublin 1, D01 VY76</p>
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SIGNED: _____ DATE: _____