

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