

# Vehicle Insurance Policy Renewal Application

## Policy Holder Details

Full Name

Date of Birth

Address

Contact Number

Email

## Vehicle Details

Vehicle Registration Number

Make / Model

Year of Manufacture

Chassis Number

Engine Number

Fuel Type

## Previous Insurance Details

Previous Insurer Name

Policy Number

Policy Expiry Date

No Claim Bonus (%)

## Declaration

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I hereby declare that the information provided above is true and correct to the best of my knowledge.

Date

Signature

Type full name