

MOTOR QUESTIONNAIRE CHANGE OF ADDRESS



Personal Details

Insured:

Policy No.:

Person spoke with:

Vehicle Details

Year of Manufacture:

Registration:

Make:

Model:

Year of Manufacture:

Registration:

Make:

Model:

Year of Manufacture:

Registration:

Make:

Model:

New risk address where vehicle is kept at night:

New risk address where vehicle is kept during the day:

Is the vehicle kept in a locked garage at night?

Yes

No

Is the vehicle kept behind locked gates at night?

Yes

No

Signature:

Date:

day/month/year