

Statement of Demands and Needs - Non Advised Sale

Please ensure that your mobility dealer has passed you their Initial Disclosure Document (IDD) before proceeding.

1. Do you own a mobility scooter/powerchair Yes No
2. Do you currently have insurance to cover your scooter/powerchair Yes No
3. Do you currently have extended warranty cover to cover your scooter/powerchair Yes No
4. Have you ever held a policy with us before? Yes No

If you answer YES to question 1 - please proceed with questions 2 and 3, as the following policies may be suitable.

Your Details

Mr/Mrs/Miss First Name _____

Surname: _____

Address: _____

Postcode: _____

Telephone: _____

Date of Birth: _____

INSURANCE COVER PROPOSAL FORM

Mobility Supplier Details:

Product Details - Each box must be completed

Make of Product: _____ Model: _____

Frame/Serial Number: _____ Date of Manufacture: _____

Date of Purchase: _____ Purchase Price: _____

Speed: 4mph 8mph Cover to commence on: _____

Insurance Cost - Includes Insurance Premium Tax at Current Rate

Please Tick Relevant Box :

Level 1 - 1 Years Cover £63.50 Level 3 - 3 Years Cover £167.50

Level 2 - 2 Years Cover £115.00 Level 4 - 4 Years Cover £215.00

Extended Warranty Cost

(2+1) 1 Year Warranty Extension after Manufacturers 2 Year (New Vehicles) £105.00

(1+1) 1 Year Warranty Extension after Manufacturers 1 Year (New Vehicles) £95.00

(1+2) 2 Year Warranty Extension after Manufacturers 1 Year (New Vehicles) £166.00

(1+3) 3 Year Warranty Extension after Manufacturers 1 Year (New Vehicles) £249.00

(1) 1 Year Warranty for Pre-owned (Excludes first 45 Days) £112.00

Data Protection

The information you provide will be held on computer by FSIS Registration Department for the provision of warranty, insurance or product related purposes. This information will not be disclosed to third parties but should you prefer not to receive such details please write to: First Senior Insurance Services Ltd, Unit 6, Cotswold Business Park, Millfield Lane, Caddington, Bedfordshire LU1 4AR

Insurance + Warranty Packages Discount Applies

Level 5 - 1 Years Extended Warranty and Level 2 Insurance (New Vehicles)	£199.00	<input type="checkbox"/>
Level 6 - 2 Years Extended Warranty and Level 3 Insurance (New Vehicles)	£330.00	<input type="checkbox"/>
Level 7 - 3 Years Extended Warranty and Level 4 Insurance (New Vehicles)	£445.00	<input type="checkbox"/>
Level 8 - 1 Years Insurance and 1 Years Warranty (Used/Pre-owned)	£172.00	<input type="checkbox"/>
Level 9 - 2 Years Insurance and 2 Years Warranty (Used/Pre-owned)	£335.00	<input type="checkbox"/>
Level 10 - 3 Years Insurance and 3 Years Warranty (Used/Pre-owned)	£499.00	<input type="checkbox"/>

Method of Payment

Please debit my:

Visa Mastercard Maestro (Switch)

Card No

Valid from: Expiry date: Issue No: Maestro (Switch only)

Please insert the last 3 digits of your Security Code to be found on the reverse of your debit/credit card:

I enclose a cheque / postal order made payable to: First Senior Insurance Services Ltd

SIGNED: _____ DATED: _____

Declaration

- I agree to purchase this warranty cover for my scooter or wheelchair as the cover that is offered is suitable for my needs.
- I confirm that no personal recommendation has been provided to me and that the product meets my demands and needs as set out above.
- I understand that I may return the certificate of insurance within 14 days for a full refund subject to no claims being made.
- I have read and understand the Important Notice within the enclosed brochure.

Declaration

I/we understand the contents of this completed application and I/we declare that the information given is, to the best of my/our knowledge and belief correct and complete. I/we agree that the statements in this application shall form the basis of the contract between the insurer and myself/ourselves and if the risk is accepted I/we undertake to pay the premium when called upon to do so. I/we understand that my/our information may also be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes.

SIGNED: _____ DATED: _____