

# Breakdown Assistance Enquiry Form



Please complete and return this form to:

First Point Insurance Management, 9 Pondwood Close, Moulton Park, Northampton NN3 6RT

Motor New Business: 0845 490 00 00 • Facsimile: 0845 490 66 66 • email: motor-sales@tailoredinsurance.com

How did you hear about us?		Inception / Renewal Date	
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## Applicants Personal Details

Title		First Name/s	
Surname		Date of Birth	
House Name or Number		Street	
Area		Town	
County		Post Code	
Home Telephone No.		Daytime Telephone No.	
Mobile Telephone No.		E-mail Address	

## (1) Vehicle Details

Date of Registration		Vehicle Registration No.	
Make of Vehicle		Model (e.g. Golf, 206)	
Exact Model (e.g. GTi, XSi)		Engine Size/ cc	

## (2) Additional Vehicle Details (if required)

Date of Registration		Vehicle Registration No.	
Make of Vehicle		Model (e.g. Golf, 206)	
Exact Model (e.g. GTi, XSi)		Engine Size/ cc	

## 3) Additional Vehicle Details (if required)

Date of Registration		Vehicle Registration No.	
Make of Vehicle		Model (e.g. Golf, 206)	
Exact Model (e.g. GTi, XSi)		Engine Size/ cc	

## Cover Requirements

Vehicle (1)	Including Home Start	<input type="checkbox"/>	Excluding Home Start	<input type="checkbox"/>
Vehicle (2)	Including Home Start	<input type="checkbox"/>	Excluding Home Start	<input type="checkbox"/>
Vehicle (3)	Including Home Start	<input type="checkbox"/>	Excluding Home Start	<input type="checkbox"/>

## Looking after your needs

First Point continually strives to meet your expectations and tailor insurance to your individual needs by offering a dedicated professional service combined with a comprehensive range of competitive products providing superior high quality cover. With this in mind could we interest you in anything else?

<input type="checkbox"/> Car Insurance	Make and Model	<input type="text"/>	Renewal Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Family Fleet Portfolio	No. of Vehicles	<input type="text"/>	Renewal Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Building Insurance	Sum Insured	£ <input type="text"/>	Renewal Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Contents Insurance	Sum Insured	General Contents £ Fine Art and Antiques £ Valuables and Jewellery £	Renewal Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Domestic Let Properties	No. of Properties	<input type="text"/>	Renewal Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Other	I'm interested in	<input type="text"/>	Renewal Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Thank you for taking the time to complete this form.