

Modified Vehicle

Report Form

A Your Details

Insured's name

Policy number

Broker's name

B Modifications

Please answer all the following questions.

Make

Model

Cubic capacity

Year of make

Value

Number of seats

Registration number

Engine

a Carburettor: state

Number

Make and type

Choke size

Is it twin choke?

Yes

No

b Cylinder head

1 Has it been machined or polished?

Yes

No

2 Have the inlet or exhaust porting/manifolds been modified?

Yes

No

c Exhaust

1 Are there multiple pipes?

Yes

No

2 Has this increased the brake horse power?

Yes

No

d Has a supercharger/turbocharger been fitted?

Yes

No

e Has an oil cooler been fitted?

Yes

No

f Has fuel injection been fitted?

Yes

No

g What is the brake horse power developed?

h Has compression ratio been changed?

Yes

No

If yes, give details

B Modifications - continued

i Has there been any engine management change?

Yes

No

If yes, give details

Suspension

a Have the front or rear springs been altered?

Yes

No

b Have the shock absorbers been uprated?

Yes

No

c Has an anti-roll bar been fitted?

Yes

No

d Have the wheels been uprated?

Yes

No

e Have wheel spacers been fitted?

Yes

No

If yes, to any of the above give details

f Tyres, please give:

Make

Type

Size

Depth of each tyre tread in mm:

N/S Front

N/S Rear

O/S Front

O/S Rear

Brakes

a Are they power assisted?

Yes

No

b Split or dual circuit?

c Are they disc/drums - discs all round?

d Is ABS fitted as standard?

Yes

No

B Modifications - continued

Bodywork

a Give details of any modifications or conversions carried out to the vehicle. (If insufficient space, continue on additional information page).

b Has a roll over bar been fitted? Yes No

c Has bodywork been altered to resemble another model? Yes No

If yes, give details

Interior

a Have performance seats been fitted? Yes No

b Have any seats been removed? Yes No

c Have the instruments been updated? Yes No

d Have there been other interior changes? Yes No

If yes, to a, b, c or d above give full details (if insufficient space continue on additional information page).

C Declaration

I hereby declare that the answers given are true to the best of my knowledge and belief.

Signed

Date (DD/MM/YYYY)

D Additional Information

Please enter additional information and material facts here.

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