

# Flexi Van Proposal Form

| Important Message   |   |   |                         |  |                  |   |                  |  |
|---|---|---|-------------------------|--|------------------|---|------------------|--|
| Please read the following carefully before you complete, sign and date this form:   |   |   |                         |  |                  |   |                  |  |
| <ul style="list-style-type: none"> <li>• <b>Failure to disclose all material information may result in you being quoted the wrong terms, a claim being rejected or reduced, or the policy being invalid</b></li> <li>• <b>The questions which follow must be answered fully, correctly and truly.</b></li> <li>• They will usually provide us with sufficient information to enable us to consider this Proposal.</li> <li>• However, because no list of questions can be exhaustive, please consider carefully whether there are any other material facts known to you which could influence our acceptance and assessment of the risk.</li> <li>• Material facts would include any facts which might influence the acceptance or assessment of your proposal.</li> <li>• If you are in doubt as to whether a fact is material you should disclose it.</li> <li>• You should also keep your own record (including copies) of all information supplied to us in arranging this Insurance.</li> <li>• A copy of this Proposal Form is available on written request within three months from the date of the proposal.</li> </ul> |   |   |                         |  |                  |   |                  |  |
| 1. About You  |   |   |                         |  |                  |   |                  |  |
| Full Name or Trading Name:  |   |   |                         |  |                  |   |                  |  |
| Postal Address:   |   |   |                         |  |                  | Eircode:  |                  |  |
| Commuting Address:<br>(If using vehicle to commute to and from place of work)   |   |   |                         |  |                  |   |                  |  |
| Occupation (Full Time):   |   |   | Occupation (Part Time): |  |                  |   |                  |  |
| Nature of Business (Full Time):   |   | VAT Status:   |                         | VAT No.:                               |                  |   |                  |  |
| Date of Birth:  |   | Marital Status:   |                         | Gender:                                |                  | Female <input type="checkbox"/> Male <input type="checkbox"/> |                  |  |
| Length of residence in Ireland:   |   |   | Are you a Home Owner?   |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| Home Telephone:   |   | Work Telephone:   |                         | Mobile:                                |                  |   |                  |  |
| Email:  |   |   |                         |  |                  |   |                  |  |
| 2. About Your Driving Experience  |   |   |                         |  |                  |   |                  |  |
| a) Do you hold or have you held insurance on a motor vehicle in your own name? If <b>Yes</b> , give details below   |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| Type of Vehicle<br>(e.g. car, van)  | Insurance Company                                   | Policy Number   | Expiry Date             | No. of Years Earned No Claims Discount |                  |   |                  |  |
|   |   |   |                         |  |                  |   |                  |  |
| b) If not in your own name, are you currently a named driver on a motor insurance policy? If <b>Yes</b> , give details below  |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| Type of Vehicle<br>(e.g. car, van)  | Insurance Company                                   | Policy Number   | No. of Years Named      |  |                  |   |                  |  |
|   |   |   |                         |  |                  |   |                  |  |
| 3. About Your Vehicle   |   |   |                         |  |                  |   |                  |  |
| Year of Make  | Make / Model (include GTi, GLX etc.) / Type of Body | Is vehicle a Tipper?<br>Yes <input type="checkbox"/><br>No <input type="checkbox"/> | Carrying Capacity       | Seating Capacity                       | Date of Purchase | Present Value   | Registration No. |  |
|   |   |   |                         |  |                  |   |                  |  |
| a) Please state the name of the main user of the vehicle described in 3. above?   |   |   |                         |  |                  |   |                  |  |
| b) Have you bought the vehicle for use by another person? If <b>Yes</b> , give details  |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| c) Are you the registered owner of the vehicle described in 3. above? If <b>No</b> , please state name of registered owner  |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| d) Are there any cosmetic, mechanical or engine alterations of the vehicle from the manufacturer's original specification? If <b>Yes</b> , give details   |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| e) Is the vehicle normally kept at the above postal address? If <b>No</b> , give details  |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| f) Is the vehicle kept in a locked garage? If <b>No</b> , give details  |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| g) How many vehicles are owned or used by you?  | Car:  |   | Van:                    |  | Motorcycle:      |   | Other:           |  |
|   |   |   |                         |  |                  |   |                  |  |
| h) Is the vehicle right hand drive (normal for Ireland/UK)?   |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |
| i) Has the vehicle been previously registered in a country other than Ireland?  |   |   |                         |  |                  | Yes <input type="checkbox"/> No <input type="checkbox"/>      |                  |  |

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|  |                              |                             |
|--|------------------------------|-----------------------------|
| j) Has the vehicle been previously declared an uneconomic repair or total loss?                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| k) Is the vehicle financed, leased or on a hire purchase agreement?                                | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| l) Has the vehicle been fitted with any anti-theft or tracking devices? If <b>Yes</b> give details | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## 4. About Who Will Drive (select one only)

|   |                          |
|---|--------------------------|
| a) Yourself only  | <input type="checkbox"/> |
| b) Yourself and your Spouse/Partner                                   | <input type="checkbox"/> |
| c) Yourself and Other Named Drivers                                   | <input type="checkbox"/> |
| d) Open Driving (aged 25 to 75 years with a full Irish or EU licence) | <input type="checkbox"/> |

## About the Drivers (give details of person likely to drive INCLUDING YOURSELF below)

|          | First Name | Surname | Date of Birth | Gender (F/M) | Occupation (incl part-time) | Employers Business | Licence Type | Licence Country of Issue | Date Licence Obtained |
|----------|------------|---------|---------------|--------------|-----------------------------|--------------------|--------------|--------------------------|-----------------------|
| YOU      |            |         |               |              |                             |                    |              |                          |                       |
| Driver 1 |            |         |               |              |                             |                    |              |                          |                       |
| Driver 2 |            |         |               |              |                             |                    |              |                          |                       |
| Driver 3 |            |         |               |              |                             |                    |              |                          |                       |
| Driver 4 |            |         |               |              |                             |                    |              |                          |                       |

### Have you or any person who to your knowledge will ever drive:

|  |                              |                             |
|--|------------------------------|-----------------------------|
| e) Subject to spent convictions described below, EVER been   |                              |                             |
| (i) convicted of any offence (including but not limited to motoring offences), in any court? If <b>Yes</b> , give details below        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (ii) disqualified from driving or had a driving licence suspended or revoked? If <b>Yes</b> , give details below                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f) within the past 7 years, been warned verbally or in writing of any possible pending prosecution? If <b>Yes</b> , give details below | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Spent convictions are convictions that are spent according to the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016. You do not need to tell us about a conviction if the convicted person:

- Was an adult (18 years of age or more) when they committed the offence, and
- Was convicted more than 7 years ago, in either:
  - the District Court, or
  - another Court lower than the Central Criminal Court, if the sentence for the offence was either a custodial sentence of 12 months or less (whether partially suspended or not), or a wholly suspended sentence of 24 months or less, and
- Has only one conviction meeting these conditions, except for
  - Motoring offences, (but not Dangerous Driving under Section 53 of the Road Traffic Act 1961)
  - Public Order Offence convictions
  - Possession of Alcohol convictions

## CONVICTIONS / MOTORING OFFENCES (questions 4e(i), 4e(ii) and 4f above)

| Drivers Name | Offence Details | Date of Offence | Sanction<br><i>e.g. Fine / Disqualification / Sentence / Penalty Points</i> |
|--------------|-----------------|-----------------|---|
|              |                 |                 |   |
|              |                 |                 |   |
|              |                 |                 |   |

|   |                              |                             |
|---|------------------------------|-----------------------------|
| g) ever had a motor insurance policy cancelled or refused or had special terms imposed? If <b>Yes</b> , give details  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h) had an accident, claim or loss (including fire, theft and windscreen claims) whether to blame or not during the last five years in connection with any motor vehicle (including motorcycles)? If <b>Yes</b> , give details below | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| Drivers Name | Loss Details | Date of Loss | Amount Settled |
|--------------|--------------|--------------|----------------|
|              |              |              |                |
|              |              |              |                |
|              |              |              |                |

|  |                              |                             |
|--|------------------------------|-----------------------------|
| i) suffers, or has previously suffered, from any physical or mental condition that the sufferer would be required to declare on a driving licence application made on the same day as this proposal? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|-----------------------------|

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| Drivers Name | Details of the Condition |
|--------------|--------------------------|
|              |                          |
|              |                          |
|              |                          |

**Important Note:** We require documentary proof from the physician managing the condition confirming the driver's fitness to drive.

## 5. How Will The Vehicle Be Used (specify for main user only)

| Description of Use  | Yes                      | Estimated % Delivery |
|---|--------------------------|----------------------|
| a) Social, Domestic and Pleasure use including travel to and from a permanent place of employment | <input type="checkbox"/> | 0%                   |
| b) Only carrying your own goods   | <input type="checkbox"/> |                      |
| c) Carrying other's goods   | <input type="checkbox"/> |                      |
| d) Other use (please specify)   | <input type="checkbox"/> |                      |

## 6. Cover Required (select one only)

|  |                          |
|--|--------------------------|
| a) Comprehensive with Full Bonus Protection                                      | <input type="checkbox"/> |
| b) Comprehensive with Step Back Bonus Protection                                 | <input type="checkbox"/> |
| c) Comprehensive with No Bonus Protection  | <input type="checkbox"/> |
| d) Third Party, Fire and Theft with Full Bonus Protection and Windscreen         | <input type="checkbox"/> |
| e) Third Party, Fire and Theft with Full Bonus Protection and No Windscreen      | <input type="checkbox"/> |
| f) Third Party, Fire and Theft with Step Back Bonus Protection and Windscreen    | <input type="checkbox"/> |
| g) Third Party, Fire and Theft with Step Back Bonus Protection and No Windscreen | <input type="checkbox"/> |
| h) Third Party Only  | <input type="checkbox"/> |

## 7. The following excesses (the amount of a claim you have to pay for accidental damage to your van) apply to the cover you have chosen:

|                               |               |
|-------------------------------|---------------|
| Excess for: Accidental Damage | Excess amount |
|                               |               |

## Insurance is Required from

|       |  |       |  |
|-------|--|-------|--|
| Date: |  | Time: |  |
|-------|--|-------|--|

## Declaration

I/We declare that the information given on this form is true, complete and correct in every respect. I/We declare that if anything on this form was written by another person, he or she acted as My/Our agent for this purpose. I/We declare that if the Proposer is not an individual person, the signatory below is authorised to form a contract on Our behalf. I/We agree that this proposal, declaration and other information provided in connection with this proposal is the basis of the contract between Me/Us and the Insurers shown below. I / We declare that we have read and understood the Data Protection Statement shown below.

|       |  |                        |          |
|-------|--|------------------------|----------|
| Date: |  | Signature of Proposer: | <b>X</b> |
|-------|--|------------------------|----------|

If Proposer is a Company, please print name and status of the signatory

## Gap in Cover Declaration (Only complete this section if the start date for this policy is later than the date your last policy ended)

I/We declare that I/we have not held insurance since DD / MM / YYYY, because (state reason):

No person who will drive the vehicle(s) described above has been involved in any accident, claim, had any penalty points, convictions or pending prosecutions since my last policy ended, except as notified above.

|       |  |                        |          |
|-------|--|------------------------|----------|
| Date: |  | Signature of Proposer: | <b>X</b> |
|-------|--|------------------------|----------|

Ornella Underwriting Limited reserves the right to decline any proposal.

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| Insurers   |   |
|--|---|
| Policy Section   | Insurer   |
| <b>Breakdown Assistance</b>  | Mapfre Assistance Agency Ireland Ltd. MAPFRE ASISTENCIA Compañia Internacional De Seguros Y Reaseguros, S.A., trading as MAPFRE ASSISTANCE Agency Ireland and Insure and Go Ireland, is authorised by Dirección General de Seguros y Fondos de Pensiones del Ministerio de Economía y Hacienda in Spain and is regulated by the Central Bank of Ireland for conduct of business rules   |
| <b>Legal Assistance</b>  | ARAG Legal Protection Limited on behalf of ARAG Insurance Company Limited. ARAG Insurance Company Limited is an Irish branch of ARAG Allgemeine Versicherungs-AG. ARAG Insurance Company Limited is authorised and regulated by the Federal Financial Supervisory Authority BaFin, (firm reference number VU 5455) in Germany and by the Central Bank of Ireland for conduct of business rules. ARAG Legal Protection Limited is regulated by the Central Bank of Ireland |
| <b>All other sections</b>  | <b>RSA Insurance Ireland DAC.</b> RSA is a registered business name of RSA Insurance Ireland Designated Activity Company (DAC). RSA Insurance Ireland DAC trading as RSA is regulated by the Central Bank of Ireland and is a private company limited by shares registered in Ireland under number 148094   |
| This proposal form is an agreement between you and the insurers whose names are shown above. This and other information provided forms the basis of the contract between you and the Insurers. Ornella Underwriting Limited will act in accordance with an authorisation granted under contract on behalf of the insurers named above. |   |

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### DATA PROTECTION STATEMENT

- Ornella Underwriting Limited and the Insurers for whom we act will hold personal data you provide in accordance with all current and applicable data protection laws and principles.
- Personal Data means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information.
- In order to provide insurance quotes, administer insurance policies and deal with any claims, Ornella Underwriting Limited and Insurers for whom we act need to collect and process personal data about you. If you do not provide the information we need, we may not be able to offer you a quote or provide services to you.
- The types of personal data that are processed may include: -

| Category                            | Types of Data Collected   |
|-------------------------------------|---|
| Individual details                  | Name, Address, Date of Birth, Marital Status, driving licence particulars, vehicle details, occupation, relevant criminal convictions and penalty points.   |
| Identification details              | Identification numbers issued by government bodies or agencies including your Driving Licence Number.   |
| Anti-fraud data                     | Anti-fraud data such as sanctions and criminal offences and information from various anti-fraud and claims databases related to you or any other person to be covered by this policy.   |
| Special categories of personal data | Certain categories of personal data which have additional protection under EU data protection law.  |
| Claims information                  | Information about previous and current claims (including other unrelated insurances), which may include data relating to your health (e.g., injuries and pre-existing conditions), relevant criminal convictions, or other special categories or personal data mentioned above. |
| Risk details                        | Information about you which we need to collect in order to assess the risk to be insured and provide a quote. This may include data relating to your health, relevant criminal convictions, or other special categories or personal data.                                       |

## RSA Data Protection Notice

We are committed to ensuring that your data is protected. To keep you informed, we have created this notice which will explain how we use the information we collect about you and how you can exercise your data protection rights.

This Data Protection Notice contains the information you need to understand how your Personal Data is used by both RSA Insurance DAC and Ornella Underwriting Limited.

Ornella Underwriting Limited arrange and administer insurance and handle claims on behalf of RSA Insurance DAC. Please see <http://www.ornellaunderwriting.ie/privacy-policy> for details of the Ornella Underwriting Limited Privacy Statement or please contact us at the following address: -

### Ornella Underwriting Limited

Data Protection Officer  
 Ornella Underwriting Limited  
 The Bushels  
 Cornmarket  
 Wexford  
 Tel: +353 53 91 80300  
 E-mail: [customerservices@ornellaunderwriting.ie](mailto:customerservices@ornellaunderwriting.ie)

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## 1. Who are we?

We are RSA Insurance Ireland DAC (RSA) and we provide commercial and personal insurance products and services. We also provide insurance services in partnership with other companies.

## 2. Why do we collect and use your personal information?

RSA will use your personal information for the provision of insurance services such as providing a quotation, underwriting a policy and handling claims under an insurance contract. We will also use your data for other related matters such as complaint handling, prevention or detection of fraud, reinsurance and statistical analyses.

When looking for a quote for a product from us, you will need to provide us with information relating to what you wish to be covered by the insurance (e.g. car make and model, your home, etc.). When buying certain products, we will on occasion need to collect special categories of data (e.g. medical history for motor insurance) and convictions history (e.g. driving offences).

We will need to process your payment information (e.g. direct debit, credit and debit card information, etc.) in order to provide your cover. To service your policy, we may communicate with you via your intermediary, if applicable, and via our website, emails, telephone calls or post. Calls with RSA may be recorded for training and verification purposes.

If you need to claim against your insurance policy, we normally need to collect information that evidences what happened in the incident. If other people are involved in the incident, we may also need to collect additional information related to them (including children) which can include special categories of data (e.g. injury and medical data, etc).

In submitting an application to us, you may provide us with equivalent or substantially similar information relating to other proposed beneficiaries under the policy. You agree that you will bring this Privacy Notice to the attention of each beneficiary at the earliest possible opportunity. Please also ensure that anyone else who is insured under your policy has agreed to provide their personal information to us.

Data protection laws require us to meet certain conditions before we are allowed to use your personal information in the manner described in this Notice. We take our responsibilities under data protection laws very seriously, including meeting these conditions.

In order to provide you with this detail we have prepared the following which describes the purpose to which we are using your data and the legal basis for doing so.

| Purpose   | Legal Basis  |
|---|--|
| To provide you with a quote for an insurance product and to provide you with insurance cover if you decide to purchase a product.       | Processing is necessary for the performance of a contract or in order to take steps at your request prior to entering into a contract  |
| To assess the information you have provided and make a decision as to whether we can provide you with cover and at what price           | Processing is necessary for the performance of a contract or in order to take steps at your request prior to entering into a contract;   |
| To verify your identity and to verify the accuracy of the information we receive.   | Processing is necessary for the performance of a contract or in order to take steps at your request prior to entering into a contract;<br>To comply with legal obligations (eg. money laundering requirements) |
| To administer your insurance contract and make any changes during its term, answer queries, provide updates and process a cancellation. | Processing is necessary for the performance of a contract  |

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|   |  |
|---|--|
| To make and receive any payments whether in relation to your policy or a claim.   | Processing is necessary for the performance of a contract  |
| To manage and investigate any claims made by you or another person under your policy of insurance.  | Processing is necessary for the performance of a contract  |
| To detect and prevent fraud, money laundering and other offences. To assist An Garda Siochana or any other authorised body with investigations. | Processing is necessary for the purposes of our legitimate interests. This interest is to investigate and prevent potential fraudulent and other illegal activity.                                 |
| To manage and investigate any complaints  | Processing is necessary for the performance of a contract or in order to take steps at your request prior to entering into a contract;<br>Processing is necessary to comply with legal obligations |
| For reinsurance purposes  | Processing is necessary for the performance of a contract  |
| To comply with laws and regulations   | Processing is necessary to comply with legal obligations   |
| For statistical analyses  | Processing is necessary for the purposes of our legitimate interests. This interest is to improve our processes, products and services.  |
| To make back-ups of your data in case of emergencies and for disaster recovery purposes   | Processing is necessary to comply with legal obligations   |

### 3. How else do we collect information about you?

Where possible, we will collect your personal information directly from you. However, on occasion we may receive information about you from other people or companies. For example:

- It was given to us by someone who is applying for an insurance product on your behalf (e.g. insurance brokers).
- It was supplied to us when you have purchased an insurance product or service that is provided by us in partnership with other companies.
- It was lawfully collected from other sources (e.g. the Integrated Information Data System ('IIDS')) to validate information you have submitted to us such as driver number and penalty points.
- Vehicle history check suppliers/ databases.
- Through credit checks.
- Through a database to determine address based risk factors (known as geocoding)
- Searches of publicly available information (e.g. online).
- The Insurance Link Anti-Fraud register (for more information see [www.inslink.ie](http://www.inslink.ie)) and other insurers.
- Other fraud prevention databases available in the insurance industry.

### 4. Will RSA share your personal information with anyone else?

We may share your details with a number of external parties in order to administer your policy, handle claims and to prevent and detect fraud. For example:

- Your Intermediary & anyone authorised by you to act on your behalf.

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- Our Third Party Service Providers such as technology suppliers, hosting/storage providers, payment providers and document providers.
- With other companies within the RSA Insurance Group.
- The Insurance Link Anti-Fraud register (for more info see [www.inslink.ie](http://www.inslink.ie)) and other insurance companies.
- Loss Adjusters, claims investigators, repairers, medical practitioners, solicitors and other firms as part of the claims handling process.
- Surveyors.
- Private Investigators when we need to further investigate certain claims.
- Other fraud prevention databases available in the insurance industry.
- With prospective sellers or buyers in the event that we decide to sell or buy any business or assets.
- Our reinsurers.

We may also share your personal information as a result of our legal and regulatory obligations. This can include with An Garda Síochána, other official agencies and on foot of a Court Order or Subpoena.

In order to provide you with the insurance policy, we may share your information with our service providers and on occasions, some of your personal information may be sent to other parties outside of the European Economic Area (EEA). We would only do this in compliance with the appropriate legal and technical safeguards such as the standard data protection clauses adopted by the European Commission, Binding Corporate Rules or as a result of an adequacy decision of the European Commission

### 5. Which decisions made about you will be automated?

Before we can sell you an insurance product or service, we may conduct the following activities, which involve automated (computer based) decision-making:

- **Pricing and Underwriting** – the process calculates the insurance risks based on the information that you have supplied. This will be used to determine if we can provide you with a policy and to calculate the premium you will have to pay.

The results of these automated decision-making processes will limit the products and services we may be able to provide you. If you do not agree with the result, you have the right to request human intervention to allow you to express your point of view and contest the decision.

### 6. For how long will RSA keep your information?

Information submitted for a quotation may be retained by us for a period of up to 72 months from the date of the quotation. All information in respect of a policy (to include claims on the policy) will be held for 8 years after the ending of the client/insurer relationship to ensure we meet our regulatory obligations. We will retain call recordings for 8 years from the date of the call.

There are certain policies where we need to keep data for longer than the normal periods where we may receive claims where the claimant was not aware of the injuries until a long time after it was caused.

### 7. What should you do if your information is incorrect?

If you think that the information we hold about you is incorrect or incomplete, please contact your intermediary or contact us and we will be happy to rectify it for you.

### 8. What are your rights over the information that is held by RSA?

We understand your information is important to you, therefore you may request us to undertake any of the



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following actions:

- 1 Provide you with a copy of the personal information we hold about you, in a commonly used electronic format (or hard copy if you wish).
- 2 Request your personal information to be deleted where you believe it is no longer required. Please note however, this request will not be valid while you are still insured with us and where we are subject to legal or regulatory obligations.
- 3 Request that we supply a copy of the personal information you have supplied to us, to another company. We would provide the information in a commonly used electronic format.
- 4 Request that we restrict the use of your information by us.
- 5 Object to the processing of your data.

If you would like to request any of the above, please email us a request to

[ie\\_dataprotection@ie.rsagroup.com](mailto:ie_dataprotection@ie.rsagroup.com) or write to us at the address contained in Section 10. To ensure that we do not disclose your personal information to a party who is not entitled to it, when you are making the request please provide us with:

- Your name;
- Address(es);
- Date of birth;
- Any policy IDs or reference numbers that you have along with a copy of your photo identification and proof of address.

All requests are free of charge although we reserve the right to charge an administrative fee for subsequent requests (such as when the request is part of a series of repeated requests over a short period of time). We endeavour to respond within one month from receipt of the request. If we do not meet this time frame, we will explain why this was in our response.

Please note that simply submitting a request does not mean we will be able to fulfil it – we are often bound by legal and legislative law which can prevent us fulfilling some requests in their entirety, but when this is the case we will explain this to you in our response.

Requests to restrict the use of your information or to object to the processing of your data may lead to RSA being unable to continue to service your policy and therefore lead to cancellation of your policy.

### **9. Changes to our Data Protection Notice.**

This notice will be updated from time to time so please check it each time you submit personal information to us or renew your insurance policy.

### **10. How do you ask a question about this Data Protection Notice?**

If you have any questions or comments about this privacy notice please contact:

The Data Protection Officer, RSA Insurance Ireland DAC, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16, D16 FC92

You may also email us at [ie\\_dataprotection@ie.rsagroup.com](mailto:ie_dataprotection@ie.rsagroup.com)

### **11. How can you lodge a complaint?**

If you wish to raise a complaint on how we have handled your personal information, please send an email to [ie\\_dataprotection@ie.rsagroup.com](mailto:ie_dataprotection@ie.rsagroup.com) or write to us using the address provided in Section 10. Our Data Protection Officer will investigate your complaint and will give you additional information about how it will be handled. We aim to respond in a reasonable time, normally 30 days.

If you are not satisfied with our response you can lodge a complaint to the Office of the Data Protection Commissioner, Canal House, Station Road, Portlaoine, Co Laois, R32 AP23.