



Motor Proposal

Insurance Company:			Policy Number:		
Name:					
Address:				Post code:	
Email Address					
Start Date:		Expiry Date:		Ph:	

Type of Cover	
<input type="checkbox"/> Comprehensive Agreed Value – Value \$.....	<input type="checkbox"/> Third Party Property, Fire & Theft
<input type="checkbox"/> Comprehensive Market Value	<input type="checkbox"/> Third Party Property Damage

Garaged Postcode		Year of Make		Registration No.	
Make & Model					
VIN Number:					
Engine Number:					
Phone Number:					

Is the car currently registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the registered owner of the car shown as an applicant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the vehicle free from any existing damage or defects, including rust or hail damage	Yes <input type="checkbox"/> No <input type="checkbox"/>

Modifications / Accessories		
Has the vehicle been modified?	Yes <input type="checkbox"/> No <input type="checkbox"/>	List details of modifications:
Engine	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Transmission	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Body	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Suspension	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Turbo	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wheel / Tyres	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Airbags	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Value	\$	

Use of Vehicle	<input type="checkbox"/> Business
	<input type="checkbox"/> Goods Carrying
	<input type="checkbox"/> Private

Driver Details



Surname:			
Other Names or initials:		Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:			
How often car driven:	<input type="checkbox"/> at least once a week		
	<input type="checkbox"/> once a fortnight		
	<input type="checkbox"/> once a month		
	<input type="checkbox"/> less than once a month		
Licensed more than 2 years	Yes <input type="checkbox"/> No <input type="checkbox"/>	How many months?	
Nominated Driver	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the Driver the Insured	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Occupation	

Other Likely Drivers			
	Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>
	Date of Birth:		Male <input type="checkbox"/> Female <input type="checkbox"/>

Nominated Drivers under 25 years (for lower age excess)	
Name:	Age

All Drivers:	
In the last 5 years, has anyone who is likely to drive the car -	
1). - made a claim under a motor insurance policy - had any motor car accident - had a vehicle burnt or stolen - had other motor vehicle damage not claimed for or were not insured for	Yes <input type="checkbox"/> No <input type="checkbox"/>
2). - had a driving offence, infringement, charge, conviction or is one of these pending - a drivers licence cancelled, suspended or reduced to a lesser licence - a criminal conviction or been in prison for fraud, theft, drugs, actual or threatened damaged to property or dishonesty of any kind	Yes <input type="checkbox"/> No <input type="checkbox"/>
3). - had an application for insurance refused - renewal of an insurance policy not offered - a policy cancelled by an insurance company - increased excess imposed on a policy - special conditions set for a policy - a claim refused	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes please provide the details:

No Claim Bonus or Rating No:

Previous Insurance	
Policy No:	



Previous Insurance Company:			
Vehicle Reg:		Year	Make/Model:
Expiry Date:			
Insurance Type			
Leased / Financed		<input type="checkbox"/> Bill of Sale	<input type="checkbox"/> No Finance
		<input type="checkbox"/> Consumer Mortgage	<input type="checkbox"/> Other
		<input type="checkbox"/> Leased	
Other Interested Parties:			
Name			
Address:			

Declaration

This declaration applies to all the insurance you are applying for in this proposal.

I declare that I have:

- received a copy of the policy wording;
- read the information concerning the duty of disclosure and other important notices;
- answered every question fully and frankly;
- either completed this proposal form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.
- If anything happens during the period of insurance which alters any of the information I have provided, I will promptly inform the Insurer / Insurance Broker
- I realise that if I have not complied with my duty of disclosure my claim may not be met.

By signing the proposal I authorise my Insurer to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied.
- I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use, and disclosure of personal and sensitive information of all persons covered by this proposal.

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

.....
Signature

.....
Date