

Motor Vehicle Proposal



To obtain cover, complete this proposal form and return it to us. Make sure all questions are answered and that the form is signed. If you find that there is insufficient space for you to answer any questions, please add this information on a separate sheet of paper.

Please print your answers and where appropriate.

Agent/Broker number	Agent/Broker name	Policy number
<input type="text"/>	<input type="text"/>	09 040

1. Policyholder details

	Title	Surname	Given names	Date of birth	Occupation	Office use only Code
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address

Postcode

Telephone: Home

Telephone: Business

Telephone: Mobile

Email

2. Period of insurance

Required commencement date of policy:	Commencement date	Expiry date
	<input type="text"/>	<input type="text"/>

3. Policy details

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Fire, Theft and Third Party Property Damage
<input type="checkbox"/> Third Party Property Damage	<input type="checkbox"/> Caravan/Trailer

Address where vehicle garaged if different from postal address

Postcode

4. Vehicle (or Caravan) details

Registration number	Year of manufacture	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
VIN/Chassis	Engine capacity (HP/litres/cc)		
<input type="text"/>	<input type="text"/>		

Office use only

Code	CAT
<input type="text"/>	<input type="text"/>

4. Vehicle (or Caravan) details (continued)

Is the vehicle subject to any finance agreement? Yes No

If yes, indicate type of agreement Hire purchase Secured personal loan Unsecured personal loan Leasing

Other, please specify

Name of financier Office use only Code

Postal address

Postcode

Will the vehicle be used for Private use Business use Office use only Class

If 'Business use' was selected, will the vehicle be used:

by any other person for business? Yes No Tonnes

for goods carrying? Yes No If yes, please state carrying capacity

for carrying of passengers for hire or reward? Yes No

What is your vehicle's current odometer reading?

When did you purchase this vehicle? / / Purchase price \$

Does your vehicle have any existing damage? Yes No If yes, please give details

Are you the registered owner of the vehicle? Yes No If no, please give details

Registered owner Relationship to owner

Modifications/accessories

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied as standard? Yes No

If yes, please provide details below

Modifications/accessories	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

5. Optional Extensions

a. Do you require insurance for the caravan contents? Yes No Estimated value \$

b. Do you require windscreen cover? Yes No

c. Do you require hire car cover? Yes No

6. Driver details

Please give details of all persons including yourself who are likely to drive the vehicle

Names of drivers	Occupation	Date of birth	Year licensed in New Zealand	% for driving this vehicle	Number of accidents, losses in last 5 years
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Total				100%	

Have any of the listed drivers in the last 5 years:

- a. had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms or conditions imposed? Yes No
- b. been convicted of any criminal offence? Yes No
- c. been declared bankrupt? Yes No
- d. had a motor accident or loss, a vehicle burnt or stolen, or made a claim under a motor insurance policy? Yes No
- e. had a traffic infringement, conviction or prosecution? Yes No
- f. had a driving or motor cycle licence cancelled, suspended or not renewed? Yes No

If yes to any of the above questions, please give details

Name	Details of accident, loss, conviction, etc	Date	Amount of loss/fine	Insurance company
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Do any of the listed drivers suffer from any physical or mental disability or any medical condition which could affect their driving performance? Yes No

If yes, please give details and provide a medical certificate

7. Details of previous insurance

Have you had motor vehicle insurance previously? Yes No

Previous insurer Policy number

Expiry date / / Current No Claim Bonus % Or Rating number

Was your previous policy: Comprehensive Third Party Property Damage Fire, Theft and Third Party Property Damage

Office use only

Sum Insured Coded Authorised Optional Benefits Total

Basic Excess Voluntary Excesws U/W Excess Interested Party

8. Important information relating to this proposal

Your Duty of Disclosure

Your Duty of Disclosure Subject to the rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Ansvr Insurance Limited whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Ansvr Insurance Limited avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Declaration

I/We declare that the information and answers given above are true in every detail and that all material facts have been disclosed. I/We agree to the terms of the policy. I/We authorise Ansvr Insurance Limited to give or obtain from other insurance companies, insurance brokers or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/We understand that

1. The information collected is evaluative material for the purposes of deciding whether to issue insurance cover. The intended recipient is Ansvr Insurance Limited, 396 Queen Street, Auckland.
2. Ansvr Insurance may refuse to provide insurance cover if I/We fail to provide the information sought.
3. I/We have certain rights of access of correction of this information, subject to the provisions of the Privacy Act 1993.

9. Declaration to be signed by applicant(s)

I/we declare that: 1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Ansvr Insurance Limited. 2. This proposal shall be the basis of the contract between me/us and Ansvr Insurance Limited and I am/we are willing to accept cover subject to Ansvr Insurance Limited policy terms, conditions, exclusions and any special terms they may require.

I/We agree that this application shall be incorporated in and taken as the basis of the proposed contract between me/us and Ansvr Insurance Limited and that this insurance shall be subject to the Companys' current standard Motor Vehicle Policy.

I/We understand that the information supplied by me/us will be used to evaluate any application form or claim submitted by me/us.

I/We authorise my/our previous insurers, Insurance Broker or other professional intermediary to release any information needed for this insurance. I/We understand that under the Privacy Act 1993 that I/We have the right of access to and to correct any information held regarding me/us.

I/We agree that this information may be used by Ansvr Insurance Limited to advise us of other products and services available.

I/We undertake that the vehicle to be insured:

- a. Will not be driven by any person who to my/our knowledge has been refused motor vehicle insurance or continuance thereof unless declared under question 6 on this form.
- b. Is in a roadworthy condition
- c. Will not be driven by any unlicensed driver

Applicant(s) signature

A.

B.

Date

/ /

Date

/ /

Signature of most regular driver if not applicant

Date

/ /

Completion of this form does not provide insurance until a Cover Note or Certificate of Insurance has been issued.

10. Credit Card Payment

Please charge my credit card account with the amount payable \$

Visa Mastercard

Card Number

Expiry Date

/

Name of Cardholder

Signature of Cardholder