

MOTOR VEHICLE Application for Insurance

POLICY No.

AGENT



YOUR DUTY OF DISCLOSURE - You must tell us all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal offence;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim;
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

WHEN IN DOUBT - DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.

DETAILS OF APPLICANT(S)

NEW CLIENT EXISTING CLIENT

	TITLE	GIVEN NAMES	SURNAME
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>

POSTAL ADDRESS Best contact place Preferred time

STREET NUMBER

STREET NAME/ P.O.BOX/R.D.

PLACE/SUBURB

DISTRICT/CITY

PHONE Home Work Other

1 Occupation 1 Date of Birth

2 Occupation 2 Date of Birth

COVERS ALREADY WITH NZI: None House Contents Car Boat Business

DATE INSURANCE TO START / /
DATE TO RUN TO / /

PAYMENT OPTION Annual Monthly* Quarterly*
*Please complete a FLEXISTEPS Automatic Payplan form

MOTOR VEHICLE INSURANCE INDICATE COVER CHOSEN FULL COVER THIRD PARTY FIRE & THEFT THIRD PARTY ONLY

Is this new vehicle: **Additional** (existing insurance to continue) or **Replacing** vehicle Make & Reg No.

Cancel cover from: / /

VEHICLE DETAILS Car Motor Cycle Caravan Trailer Other

Year	Make	Model	Engine Size	Reg No.	Market 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"/>

Engine Type: Normal Rorary Supercharged Turbocharged

What address will the vehicle(s) normally be kept at overnight?

Please provide details of all motor vehicle accessories over \$1500.

Description	Value
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

DRIVER DETAILS

	Name	Male/Female	Date of Birth	Named Driver
Main Driver:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Additional Driver:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Additional Driver:	<input type="text"/>	<input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

OFFICE USE

CLIENT No
SERV BY
OFFICE

PAY PLAN
1ST INST DATE / /

1ST PERIOD
1ST AMOUNT
RECEIPT No

In the last 3 years have any of the listed drivers

Been involved in more than two motor accidents? YES NO

Been disqualified from holding or obtaining a licence (or have a prosecution pending that could result in this)? YES NO

Are there any drivers in the list

Who do not have a full NZ Drivers Licence for this type of vehicle for less than 3 years? YES NO

Who have held a Full NZ Drivers Licence for this type of vehicle for less than 3 years? YES NO

If you have answered "Yes" to any of these above questions please provide full details below:

How many times has the maindriver had an accident or suffered loss or damage to a vehicle in the last 5 years?

None Less than two More than 2

EXCLUDE UNDER 25 DRIVERS

Do you want to exclude all drivers under the age of 25 years for a discount on your premium? YES NO

AA ROADSIDE ASSISTANCE

Do you want to apply for AA Roadside Assistance cover? YES NO

Please provide details of any interested parties

ADDITIONAL DETAILS

Is the registered owner someone other than the Main Driver? YES NO

Has any insurance company ever refused to insure you? YES NO

Has any insurance company ever cancelled, refused to renew, or imposed special conditions on any insurance held by you? YES NO

Have you ever been found guilty of, or are you being prosecuted for any crime involving (i) harm, or threat of harm, to people or property; (ii) dishonesty or fraud; (iii) illegal drugs; (iv) taking or receiving property of others? YES NO

If you have answered "YES" to any of the above please give full details below:

AREA

GRADING

NAMED DRIVERS

Y N

D. O. B.

/ /

SEX

M F

MULTI POL

Y N

POLICY X/S

S V A

\$

AGREEMENT I agree that:

1. MATERIAL FACTS: (a) All information given to NZI (whether oral or written) is true and correct;
(b) All material facts have been disclosed (see "Your Duty of Disclosure");

2. TERMS OF POLICY: The terms of NZI's policy are accepted;

3. USE OF INFORMATION:(a) My personal information collected by NZI may be:
(i) used by NZI to advise me of its other services;
(ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd. and to parties who have a financial interest in the subject matter of the policy;
(b) My personal information held by other members of the insurance industry and Insurance Claims Register Ltd. may be disclosed to NZI;

4. AGENCY: Anyone who assists me to complete this Application Form is acting as my agent only.

Please note:

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
- This information is held by us and you may access it. It may be passed on to other insurers you deal with, and mortgagees etc.
- Your claims history is passed on to, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

ON BEHALF OF ALL APPLICANTS

Signature

Date

/ /