



## motor vehicle insurance

**quote sheet**

PLEASE FAX BACK TO **(03) 9817 2055**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Insured Name Policy is to be held in: \_\_\_\_\_

**DRIVER DETAILS**

Main Driver's Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Youngest Driver's Name: \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Will you have any under 25 year old drivers?  Yes  No

In the past 12 months have you had insurance on a car that you owned?  Yes  No

What type of cover did you have?  Comprehensive  TP F&T  TPO

Who was the insurer? \_\_\_\_\_

When does/did the policy expire? \_\_\_\_\_ What is the policy number? \_\_\_\_\_

Do you have a current no claim bonus or rating?  Yes  No Rating: \_\_\_\_\_

If yes, have you held a rating for the past 2 years?  Yes  No

Have you had any at fault claims in the past 2 years?  Yes  No

Do you use the vehicle for:  Private Use  Business Use

**VEHICLE DETAILS**

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Registration No.: \_\_\_\_\_ Year: \_\_\_\_\_

Body Type  Sedan  Coupe  Station Wagon  Utility

Transmission:  Manual  Automatic

Fuel Type:  Petrol  Diesel  Gas

No of Cylinders: \_\_\_\_\_ Engine Size: \_\_\_\_\_ No of Doors: \_\_\_\_\_

Any non-standard accessories?  Yes  No Details: \_\_\_\_\_

Any modifications?  Yes  No Details: \_\_\_\_\_

Any non-standard Security?  Yes  No Details: \_\_\_\_\_

Is the vehicle roadworthy & free from damage?  Yes  No Details: \_\_\_\_\_

Is there finance on the vehicle?

Yes  No  Bank Loan  Finance Company  Lease

Name of Financier: \_\_\_\_\_

Postcode where parked at night: \_\_\_\_\_ Suburb: \_\_\_\_\_

Garage  Carport  Driveway  Street  Other



## motor vehicle insurance

quote sheet *continued*

### COVER DETAILS

Type of Cover Required:  Comprehensive  Agreed Value Amount: \$ \_\_\_\_\_  
 Third Party Only  Market Value  
 Third Party Fire & Theft

For an additional premium, would you like to include?

Hire Car  Windscreen Option

### DRIVERS HISTORY

1. Have you or any other driver you expect may drive the car, had a conviction for criminal offences in the last five years?  Yes  No
2. Have you or any other driver you expect may drive the car, had any traffic violations or convictions, or a license cancelled or suspended?  Yes  No
3. Have you or any driver you expect may drive the car, had insurance declined or special conditions imposed?  Yes  No  
If yes, please provide details:

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4. Have you or any other driver you expect may drive the car, had a conviction for drink driving or unlicensed in the last five years?  Yes  No
5. Have you or any other driver you expect may drive the car, had any motor vehicle accidents or lodged a claim in the last five years?  Yes  No

If you have answered yes to any of the above questions, please provide details:

Name of Driver	Date of Offence/Accident	Details of infringement/Claim
1.		
2.		
3.		

What date do you want cover to start from? \_\_\_\_\_

Do you have any other specific requests or requirements in respect to this vehicle, or other vehicles?  Yes  No

If yes, please provide details:

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### DISCLOSURE REQUIREMENTS

As part of our Financial Services license we are required to inform you of your following obligations:

#### DUTY OF DISCLOSURE

You have a duty before entering into a contract of insurance to disclose any facts that could affect an insurer's decision to insure the risk. If you fail to comply with your duty of disclosure the insurer may be entitled to reduce the liability under the contract in respect of a claim or may cancel the contract. If you disclose facts fraudulently the insurer may also have the option of avoiding the contract from the beginning.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_