

# Motor Vehicle Insurance Application Form



## 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 convictions in the last 7 years or where imprisoned;
- 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)

Full Name of the Insured: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Postal address for notices: \_\_\_\_\_ Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Full Name and Address of Finance Company (or other interested parties): \_\_\_\_\_

Period of insurance from: \_\_\_\_\_ to: \_\_\_\_\_ at 4pm

## Payment options

How do you wish to pay?      Annually       Monthly

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## Cover

Type of Cover: (tick cover required)

Comprehensive

Third party Fire & Theft

Third Party Only

## Vehicle Details

Please tick which type of vehicle you are insuring:

Car

Motor Cycle

Caravan

Trailer

Other Business

Make and Model of vehicle: \_\_\_\_\_

Date of Manufacture: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Market value of vehicle: (\$) \_\_\_\_\_

Engine size: (cc) \_\_\_\_\_ Turbo: Yes  No  Rotary: Yes  No  Supercharged: Yes  No

Does your car have any aftermarket accessories or modifications? Yes  No

If 'Yes', give full details:

\_\_\_\_\_

Have all aftermarket accessories or modifications that require certification been certified? Yes  No

Please tick any of the following which apply to your vehicle:

Sports or performance

Convertible/Cabriolet

Kitset/Replica

Left-hand Drive

Classic/Vintage

Orphan/Exotic

Does the vehicle have a car alarm or immobiliser? Yes  No

If 'Yes', please complete (a), (b) & (c) below:

(a) Alarm  Immobiliser

(b) Was the alarm or immobiliser fitted by the manufacturer before the vehicle was sold new in New Zealand? Yes  No

(c) Advise NZSA Star Rating 1  2  3  4  5  If not rated, give details of system:

\_\_\_\_\_

Where is the vehicle usually parked at night? Garage  Driveway/Carport  On Roadside  Other (Specify)

\_\_\_\_\_

Will the vehicle be used in connection with any profession, business or occupation? Yes  No

If 'Yes', give full details:

\_\_\_\_\_

## Details of the Owner(S) & Driver(S)

Full Name	Date of Birth	Sex (M/F)	Occupation	Phone number	Driver Type (See Below)	Licence Type (See Below)	Length of licence held
							yrs    mths
							yrs    mths
							yrs    mths
							yrs    mths
							yrs    mths

Driver Type – Select from: M (main), R (Regular), N (Non driver)

Licence Type – Select from: 1 (Learner), 2 (Restricted), 3 (Full), 4 (International)

## Declaration Questions

Have you or anyone else who will drive this vehicle had any motor vehicle accidents, damage or theft in the last 5 years (whether a claim was made or not)?

Yes  No

If 'Yes', give full details:

Have you or anyone else who will drive this vehicle ever indefinitely been disqualified from driving for repeat alcohol or drug related driving offences?

Yes  No

If 'Yes', give full details:

Have you or anyone else who will drive this vehicle:

(a) ever been imprisoned for any criminal or driving offence, or

Yes  No

(b) had any conviction or fine for either a criminal or driving offence, within the last 7 years, or

Yes  No

(c) any prosecution pending for any criminal or driving offence?

Yes  No

If 'Yes', give full details:

Have you or anyone else who will drive this vehicle ever had insurance declined, cancelled, or been refused renewal or had any special conditions imposed?

Yes  No

If 'Yes', give full details:

Is there any other information likely to affect this insurance?

Yes  No

If 'Yes', give full details:

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## Additional Information

Do you want to apply for Roadside Assist cover?

Yes  No

**Policy Excess** Standard Minimum Excess:

**Plus Additional** Voluntary Excess (with premium discount)

\$200  \$500  \$700  \$1000

**NOTE: Drivers under 25 and newly licenced drivers are subject to a standard additional excess**

## Agreement

I agree that:

1. **Material Facts**
  - (a) All information given to Insure Direct (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 Insure Direct's policy are accepted;
3. **Use of Information**
  - (a) My personal information collected by Insure Direct may be:
    - (i) used by Insure Direct 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 Insure Direct.
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 onto other insurers you deal with, and mortgagees, etc.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevent fraudulent claims.

## On behalf of all applicants

Signature: \_\_\_\_\_ Date: \_\_\_\_\_