



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:

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:

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: _____