

EXTENDED WARRANTY INSURANCE PROPOSAL FORM

BROKER

INSURED'S DETAILS

Mr Mrs Miss Ms First Name _____

Surname _____

Street Address _____

City/Town _____ Postcode _____

Phone (private) _____ Phone (business) _____ Phone (mobile) _____

Email Address _____

VEHICLE DETAILS

Make _____ Model _____ CC Rating _____

Year of Manufacture _____ Registration Number _____

VIN/Engine Number _____ Odometer Reading _____

Purchase Price \$ _____ Purchase Date ____ / ____ / ____

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

Import NZ New Diesel Turbo Twin Turbo 4WD

COMMENCEMENT DATE ____ / ____ / ____

PERIOD OF INSURANCE 12 Months 24 Months 36 Months

DECLARATION

(You must read this Declaration and sign it)

1. Agrees this Proposal Form shall be the basis of the contract between You and IAG New Zealand Limited
2. Declares that all information given is true and correct
3. Agrees to read and abide by the terms and conditions of the Policy
4. Understands and accepts the Privacy Act 1993 conditions as detailed in the Policy
5. Acknowledges that the Excess applies to each and every unrelated claim

(Please note that no claims can be made under the Policy occurring within 30 days of the commencement date (3).)

SIGNATURE

Insured Persons' Signature _____ Date ____ / ____ / ____

STAFF USE ONLY

EXCESS

\$100 Standard \$250 Non standard \$500 European vehicles

PREMIUM

\$ _____ .00