

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT AND INDICATE WHERE APPLICABLE
 If insufficient space provided for answers, please write on a separate sheet and attach to the form.

PERIOD OF COVER: From / / to 4pm / /

insured person – must be registered owner of vehicle

TITLE (e.g. MR/MRS)	FIRST NAME	SURNAME	
ADDRESS NUMBER	STREET		SUBURB/TOWN
TELEPHONE (DAYTIME)	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
()	()	/ /	
DRIVER LICENCE ORIGIN	LICENCE TYPE		
NZ <input type="checkbox"/> AUST <input type="checkbox"/> OTHER <input type="checkbox"/> SPECIFY	FULL <input type="checkbox"/> RESTRICTED <input type="checkbox"/> LEARNER <input type="checkbox"/>		
DRIVER LICENCE NUMBER	DATE OBTAINED	EXPIRY DATE	ANY LICENCE RESTRICTIONS?
	/ /	/ /	

vehicle information

MAKE	MODEL	YEAR MFR	REG. NO.	FIRST REGISTERED
				/ /
ENGINE CAPACITY (cc)	V.I.N./ENGINE NO.	DATE OF PURCHASE	CURRENT VEHICLE VALUE	
		/ /	\$ inc. GST	
ODOMETER READING	WHERE IS THE VEHICLE USUALLY PARKED?	DRIVEWAY <input type="checkbox"/>	LOCKED GARAGE <input type="checkbox"/>	UNLOCKED GARAGE <input type="checkbox"/>
				STREET <input type="checkbox"/>
ESTIMATED ANNUAL MILEAGE	CLASSIC CAR CLUB MEMBER	No <input type="checkbox"/> Yes <input type="checkbox"/>	If "yes", name of club	
			FINANCIER NAME (if applicable)	
VEHICLE USAGE	PRIVATE <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	SPECIFY TYPE	
Is your vehicle fitted with an electronic theft device?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If "yes", what type and make?		
MODIFICATIONS – Please list any non-standard modifications to the vehicle. (e.g. exhaust, suspension). <i>(Please note items not specifically listed are excluded from cover.)</i>				
ACCESSORIES – Please list any non-standard accessories you wish to be covered. (e.g. gearsacks, racks, sidecar, trailers). <i>(Please note items not specifically listed are excluded from cover.)</i>				

other driver information

Will any person other than the insured person drive the vehicle? YES NO (If "YES" please provide details.)

NAME	DATE OF BIRTH	YR LIC. OBTAINED	LIC. TYPE	OCCUPATION	% OF USE
	/ /				
	/ /				
	/ /				
	/ /				

type of cover – (as defined in policy)

1. FULL COVER 2. LAID UP COVER 3. THIRD PARTY LIABILITY

SPECIAL EXCESS AMOUNT \$

PREMIUM PAYABLE (Including GST) \$

AGENT USE ONLY	QUOTE NO. <input type="text"/>	NCB RATING NO. <input type="text"/>	CAT NO. <input type="text"/>	PREM LOAD. <input type="text"/>
Selling Agent Name <input type="text"/>				AMOUNT PAID \$ <input type="text"/>

OFFICE USE ONLY	Points	Checked	Auth.	Policy I.D.
Comments	Agent 1	PY	DED	
	Agent 2	PY	DED	

personal history

The information you will be asked to provide below relates to you and all other persons likely to be in charge of your vehicle. Please carefully consider your answers to the following questions, as they form the basis on which we will review your Proposal. It is essential that the answers are truthful and accurate as they may affect any future claims made by you.

Please complete ALL sections (tick as appropriate and initial each and every response)

personal information

A. In the last 5 years, how many times have you and all other persons likely to be in charge of your vehicle:

	within the last 2 years	in the last 2 to 5 years
(i) Had any "at fault" vehicle/motor vehicle accidents or losses including fire, theft and wilful damage? "at fault" includes accidents and losses you were responsible for or you were unable to recover from the responsible party.	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(ii) Had any "not at fault" accidents or losses not declared above?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(iii) Had an application for motor vehicle insurance refused or had a policy declined or cancelled?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(iv) Been convicted of any criminal offence?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(v) Been imprisoned for 3 months or more?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(vi) Had a drivers/riders licence suspended, cancelled, endorsed, demerit points or restricted?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(vii) Been charged or convicted of driving/riding without a valid licence or permit?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(viii) Been convicted or fined, or have charges pending for any alcohol or drug related driving/riding offences?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more

B. Are you and all other persons likely to be in charge of your vehicle:

(i) Permanent residents of New Zealand or Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Licensed to drive the proposed vehicle on New Zealand roads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. Have you and all other persons likely to be in charge of your vehicle:

(i) Held a current drivers/riders licence for the last 2 consecutive years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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declaration

I declare that:

- The information and answers I have written on this Proposal are a truthful and complete record of all the information provided by me.
- I accept the terms and conditions of Swann's policy.
- I authorise Swann Insurance to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

Signature(s) of Proposer (Insured Person/s)

Date / /

payment method

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard	Expiry Date	/ /	Amount \$
Cardholder's Name				Card Holder's Signature
Card Number				SIGN HERE ONLY IF PAYMENT BY CREDIT CARD
				Date / /

monthly payment plan

Initial instalment \$ Followed by 10 monthly instalments of \$