

Swann Insurance
 A business division of IAG New Zealand Limited.

proposal

NUMBER **001**

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 motorcycle

TITLE (e.g. MR/MRS)	FIRST NAME	SURNAME	
ADDRESS NUMBER	STREET		SUBURB/TOWN
TELEPHONE (DAYTIME)	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
()	()	/ /	
MOTORCYCLE 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"/>		
MOTORCYCLE LICENCE NUMBER	DATE OBTAINED	EXPIRY DATE	ANY LICENCE RESTRICTIONS?
	/ /	/ /	

motorcycle information

MAKE	MODEL	STYLE (eg road)	YEAR MFR	REG. NO.	FIRST REGISTERED
					/ /
ENGINE CAPACITY (cc)	V.I.N./ENGINE NO.	DATE OF PURCHASE	CURRENT MOTORCYCLE VALUE		
		/ /	\$ inc. GST		
ODOMETER READING	WHERE IS THE MOTORCYCLE USUALLY PARKED?	DRIVEWAY <input type="checkbox"/>	LOCKED GARAGE <input type="checkbox"/>	UNLOCKED GARAGE <input type="checkbox"/>	STREET <input type="checkbox"/>
kms	FINANCIER NAME (if applicable)				

MOTORCYCLE USAGE PRIVATE COURIER BUSINESS SPECIFY TYPE

Is your motorcycle fitted with an electronic theft device? No Yes If "yes", what type and make?

MODIFICATIONS – Please list any non-standard modifications to the motorcycle. (e.g. exhaust, suspension). *(Please note items not specifically listed are excluded from cover.)*

ACCESSORIES – Please list any non-standard accessories you wish to be covered. (e.g. gearsacks, racks, sidecar, trailers). *(Please note items not specifically listed are excluded from cover.)*

other rider information

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

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

previous insurance history

If you think you are entitled to a No Claim Discount because of your previous insurance history, attach your current renewal notice from your previous insurer. If you do not provide this information, a discounted premium will not apply and the period of cover will be reduced.

PREVIOUS INSURANCE COMPANY NAME				HAVE YOU DISPOSED OF THAT BIKE/CAR? YES <input type="checkbox"/> NO <input type="checkbox"/>
POLICY No.	EXPIRY DATE	NCB RATING No.	REGISTRATION No.	
	/ /			

type of cover – (as defined in policy)

1. FULL COVER 2. THIRD PARTY FIRE AND THEFT 3. THIRD PARTY LIABILITY 4. FIRE AND THEFT **PREMIUM PAYABLE (Including GST)**

NAMED RIDER (OPTIONAL) HELMET COVER (Comprehensive cover only) SPECIAL EXCESS AMOUNT

YES NO YES NO \$ \$

AGENT USE ONLY	QUOTE NO.	NCB RATING NO.	CAT NO.	PREM LOAD. AMOUNT PAID
Selling Agent Name				\$

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 motorcycle. 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 motorcycle:

	within the last 2 years	in the last 2 to 5 years
(i) Had any "at fault" motorcycle/motor motorcycle 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 motorcycle 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 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 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 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 motorcycle:

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

(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 \$