

Swann Insurance
 A business division of IAG New Zealand Limited.

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 (if applicable)		LICENCE TYPE	
NZ <input type="checkbox"/>	AUST <input type="checkbox"/>	OTHER <input type="checkbox"/>	SPECIFY <input type="checkbox"/>
		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 (if applicable)
					/ /
ENGINE CAPACITY (cc)	V.I.N./ENGINE NO.	DATE OF PURCHASE	CURRENT MOTORCYCLE VALUE		
		/ /	\$ inc. GST		
ODOMETER READING	kms	WHERE IS THE MOTORCYCLE USUALLY PARKED? DRIVEWAY <input type="checkbox"/>		LOCKED GARAGE <input type="checkbox"/>	UNLOCKED GARAGE <input type="checkbox"/>
				STREET <input type="checkbox"/>	
					FINANCIER NAME (if applicable)
MOTORCYCLE USAGE PRIVATE <input type="checkbox"/>					COURIER <input type="checkbox"/>
					BUSINESS <input type="checkbox"/>
					SPECIFY TYPE <input type="checkbox"/>
Is your motorcycle fitted with an electronic theft device? No <input type="checkbox"/> Yes <input type="checkbox"/> If "yes", what type and make? <input type="checkbox"/>					
MODIFICATIONS – Please list any non-standard modifications to the motorcycle. (e.g. exhaust, suspension). <i>(Please note items not specifically listed are excluded from cover.)</i>					
<input type="checkbox"/>					

other rider information

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

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

type of cover – (as defined in policy)

4. OFF ROAD FIRE AND THEFT COVER

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. AMOUNT PAID <input type="text"/>
Selling Agent Name <input type="text"/>				\$ <input type="text"/>
OFFICE USE ONLY	Points <input type="text"/>	Checked <input type="text"/>	Auth. <input type="text"/>	Policy I.D. <input type="text"/>
Comments <input type="text"/>	Agent 1 <input type="text"/>	PY <input type="text"/>	DED <input type="text"/>	
	Agent 2 <input type="text"/>	PY <input type="text"/>	DED <input type="text"/>	

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 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/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) 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 motorcycle:

(i) Permanent residents of New Zealand or Australia?	<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 \$