

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 / /

vehicle information

MAKE MODEL STYLE (eg road) YEAR MFR REG. NO. FIRST REGISTERED / /

ENGINE CAPACITY (cc) V.I.N./ENGINE NO. DATE OF PURCHASE / / CURRENT VEHICLE VALUE \$ inc. GST

ODOMETER READING kms WHERE IS THE VEHICLE USUALLY PARKED? DRIVEWAY LOCKED GARAGE UNLOCKED GARAGE STREET

FINANCIER NAME (if applicable)

VEHICLE USAGE PRIVATE COURIER BUSINESS SPECIFY TYPE

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

MODIFICATIONS – Please list any non-standard modifications to the vehicle. (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.)*

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