



consumer insurance specialists

# PRIVATE MOTOR VEHICLE PROPOSAL

## DETAILS OF PROPOSER

Name(s) in full (joint if applicable)

Residential Address

Postal Address (if different from above)

Proposers Date(s) of Birth:  Occupation(s):

Telephone Business:  Private:

Email:

When do you need cover? From:  To:  at 4pm and renewable annually

Existing Vero customer?  Yes  No Customer/Policy/Quote No.

How do you wish to pay  Annually  Instalments (please complete a separate form if paying by instalment)

## SECTION 1: PRIVATE MOTOR VEHICLE 1

Year of Make	Type (utility, car, van)	Make & Exact Model (e.g. LXI, WRX, EVO etc)	CC Rating	Registration No.	Date Purchased	Current Market Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NB: If the vehicle is a caravan, the market value needs to include the value of the awning.

What do you use the Vehicle for? (tick one)  Private  Business

What type of cover do you want? (tick one)  Full  Third Party Fire & Theft  Third Party Only

Do you want Windscreen cover without an excess? (additional charge) (not applicable to Third Party Fire & Theft cover)  Yes  No

Do you wish to reduce premiums by applying a \$250 additional excess to all drivers other than the Insured and named driver?  Yes  No

Do you wish to reduce premiums by not covering the Vehicle when it is being driven by persons under the age of 25 years?  Yes  No

Our standard excess is \$300. You can increase this to lower your premium. Please select your total excess (Under age excesses are additional)

<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,500	

Current odometer reading – kilometres  Estimated annual kilometres

Who is the Registered Owner of the Vehicle?

At what address is the Vehicle usually kept?

Give details of any accessories fitted worth more than \$1,000 (excluding manufacturer's fittings). This includes fitted entertainment, communications and navigation systems and other equipment (not otherwise defined) permanently fitted to the vehicle. If you require extra space, please continue on a separate sheet.

Accessory Type  Market Value

## SECTION 2: PRIVATE MOTOR VEHICLE 2

Year of Make	Type (utility, car, van)	Make & Exact Model (e.g. LXI, WRX, EVO etc)	CC Rating	Registration No.	Date Purchased	Current Market Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NB: If the vehicle is a caravan, the market value needs to include the value of the awning.

What do you use the Vehicle for? (tick one)  Private  Business

What type of cover do you want? (tick one)  Full  Third Party Fire & Theft  Third Party Only

Do you want Windscreen cover without an excess? (additional charge) (not applicable to Third Party Fire & Theft cover)  Yes  No

Do you wish to reduce premiums by applying a \$250 additional excess to all drivers other than the Insured and named driver?  Yes  No

Do you wish to reduce premiums by not covering the Vehicle when it is being driven by persons under the age of 25 years?  Yes  No

Our standard excess is \$300. You can increase this to lower your premium. Please select your total excess (Under age excesses are additional)

<input type="checkbox"/> \$300	<input type="checkbox"/> \$350	<input type="checkbox"/> \$500	<input type="checkbox"/> \$750
<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$1,250	<input type="checkbox"/> \$1,500	

Current odometer reading – kilometres  Estimated annual kilometres

**OFFICE USE ONLY**

Batch Type	Batch No.	Policy No.	Date
ICR Checked	Auth		Date

## SECTION 2: PRIVATE MOTOR VEHICLE 2 (continued)

Who is the Registered Owner of the Vehicle?

At what address is the Vehicle usually kept?

Give details of any accessories fitted worth more than \$1,000 (excluding manufacturer's fittings). This includes fitted entertainment, communications and navigation systems and other equipment (not otherwise defined) permanently fitted to the vehicle. If you require extra space, please continue on a separate sheet.

Accessory Type

Market Value

## DRIVER DETAILS

Please list all persons who will usually drive the vehicle(s)

Full Name (Principal driver first)	Date of Birth	Relationship to you	Occupation	Percentage Usage	Type of Licence ie Full, Restricted, Learner	Years Held	Drives Vehicle 1 or 2

## MOTOR VEHICLE QUESTIONNAIRE

1. Is the vehicle in a proper state of repair?  Yes  No
2. Is the vehicle turbo charged, super charged, V6, V8 or V12?  Yes  No
3. Is the vehicle modified in any way? This includes (but isn't limited to) changes or enhancements to the: engine, exhaust system and suspension; seats and steering wheels; panels or paint work; size and type of wheels and/or size of tyres.  Yes  No
4. Have you or any other person who may drive the vehicle:
- (a) Had an accident while driving any vehicle in the last 10 years?  Yes  No
  - (b) Made a claim with an insurance company in respect of any vehicle in the last 10 years?  Yes  No
  - (c) Had/Have any physical or mental infirmity, defect in sight or hearing, heart disease, diabetes or fits of any kind?  Yes  No
  - (d) Had any special conditions imposed on a motor vehicle policy?  Yes  No
  - (e) Had a driving licence endorsed or cancelled?  Yes  No
  - (f) Had any special conditions imposed on driver's licence?  Yes  No
  - (g) Been convicted of any motoring offence in the last 10 years or have any driving prosecutions pending?  Yes  No
  - (h) Held a policy in respect of motoring insurance during the last 12 months?  Yes  No
5. Is the vehicle subject to hire purchase/finance arrangements?  Yes  No
6. Is the vehicle parked on the street overnight?  Yes  No
7. Was the vehicle first registered outside of New Zealand?  Yes  No
8. Do you or your partner own or have regular use of any other motor vehicle?  Yes  No

If you answered 'Yes' to any of questions 2-8, please provide details:

Where applicable give names of insurers, dates and brief details:

**9. INSURANCE RECORD.** Please provide a No Claims Bonus letter from your previous insurer or your last renewal notice as proof of No Claims Bonus.

## QUESTIONNAIRE & DECLARATION

1. Have you suffered any loss or damage to property in the last ten years?  Yes  No  
If 'Yes', please give details (i.e. date, circumstances, amount of loss):

2. Who was your previous insurer:

3. Has any insurer declined, cancelled, required withdrawal, or imposed special terms on your insurance?  Yes  No  
If 'Yes', please give details:

4. Have you ever engaged in any criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending?  Yes  No  
If 'Yes', please give details:

I/we declare that:

1. The sums insured represent the full value of the property.
2. The particulars and answers given above are in every respect correct and complete and that there is no further information likely to affect the acceptance of the insurance.
3. I/we agree that this proposal shall be the basis of the contract between me/us and Vero Insurance New Zealand Limited, 48 Shortland Street, PO Box 1992, Auckland and I am/we are willing to accept cover subject to the Company's Policy Conditions and any special terms they may require.
4. I am/we are willing to accept cover subject to the conditions of cover stated and any special terms that may be applied.
5. If I/we choose to pay my/our premiums by instalment I/we acknowledge that my/our policy/policies will be cancelled automatically if any three consecutive fortnightly instalments remain unpaid or any two consecutive monthly instalments remain unpaid, or if any quarterly or half yearly payments remain unpaid up to 14 days after the due date of the instalment. Where any instalment is overdue but the relevant policy/policies have not been cancelled any claims proceeds payable to me/us under the relevant policy/policies may be withheld by Vero Insurance New Zealand Limited until I/we have brought all instalments up to date.
6. Applicable to Sections 6A and 6B, that after due enquiry no member of the household is currently contemplating any claim or legal proceedings (including matrimonial disputes or impending redundancy). I am not aware of any circumstances which could give rise to a claim or legal proceedings (including criminal prosecution) being pursued by or brought against any member of this household. And that to the best of my knowledge and belief the above statements are true and complete and I have not withheld or concealed anything affecting the proposed insurance. I agree to accept the Insurer's Policy applicable to this insurance and subject to any special conditions or restrictions which have been indicated.
7. I/we authorise Vero Insurance New Zealand Limited to give or obtain from other insurers, insurance brokers, Insurance Claim Register Ltd. or any other party any information relating to this or any other insurance held by me/us or any claim made by me/us. I/we understand that the information collected is evaluative material for the purpose of whether to issue insurance cover. Vero Insurance New Zealand Limited may refuse to provide insurance if I/we fail to provide the information sought. I/we have certain rights of access to and correction of this information, Vero Insurance New Zealand Limited may use this information to advise me/us of their services.

#### **Duty of Disclosure**

Subject to any rights set out in the Criminal Records (Clean Slate) Act 2004 ("Clean Slate Act"), you are under a duty to disclose all material information to Vero Insurance New Zealand Limited ("Vero"). Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information must be completed and correct and may include information not asked for on this application. If you have any doubt whether a fact is material then it should be disclosed.

The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Vero avoiding your insurance policy. This means your policy would be deemed never to have existed and any claims would not be payable.

Signature of Proposer: \_\_\_\_\_

Date: \_\_\_\_\_