

Private Vehicle Proposal

 Reference

1. Your details

Name(s) in full (joint if applicable) **First name/s** **Surname**

1. Mr/Mrs/Miss/Ms/Other

2. Mr/Mrs/Miss/Ms/Other

Address where vehicle is kept at night

Postal address (if different from above)

Email address Occupation(s) 1. 2.

Date(s) of Birth of main proposer(s) 1. / / 2. / /

Telephone - Private () Business () Mobile ()

When do you need cover? From start date / / To / / at 4pm and renewable annually

How do you wish to pay? Annually Instalment (please also complete a separate direct debit authority form if paying by instalment)

2. Your vehicle details

Vehicle	Year of Manufacture	Exact make, model, sub-model details (e.g. Honda, CRV, Sport Plus 4WD)	Engine size (e.g. 2.4 Ltr or 2400 CC)	Automatic or manual	No. of doors	Body type (e.g. Sedan, Hatch Station Wagon, Ute, Van)	Registration number
1.							
2.							

Are either of the vehicles:

a) petrol, turbo-charged or super-charged?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	f) used for business use?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) registered in a name other than yours?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	g) parked in a locked garage overnight?	Vehicle 1: Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) under finance or lease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Vehicle 2: Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) already damaged or have any defects?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	h) equipped with alarm or immobiliser?	Vehicle 1: Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) modified in any way?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		Vehicle 2: Yes <input type="checkbox"/>	No <input type="checkbox"/>

A modification includes (but isn't limited to) changes or enhancements to the: engine, exhaust system and suspension; panels or paint work; size and type of wheels and/or size of tyres.

If you have answered "Yes" to questions a-f above, please provide full details below & identify which vehicle: (If you require extra space, please continue on a separate sheet)

Vehicle 1.

Vehicle 2.

Accessory cover

Are either vehicles equipped with accessories (excluding Manufacturers standard fittings) with a total value over \$1,000? This includes fitted entertainment, communications and navigation systems and portable navigational or radar detection devices; child restraints/seats; tools and breakdown equipment purchased by you to repair your vehicle; car seat covers; first aid kit, torch, fire extinguisher, maps; and other equipment (not otherwise defined) permanently fitted to the vehicle. If you have answered "Yes", please provide full details: (If you require extra space, please continue on a separate sheet) Yes No

Accessory type (Please describe in detail)	Estimated Value
Vehicle 1. <input type="text"/>	<input type="text"/>
Vehicle 2. <input type="text"/>	<input type="text"/>

3. Driver details

	Full name (Principal driver first)	Gender M/F	Date of Birth	Occupation	Number of years licence held	Number of at fault accidents or theft losses in last 2 years	Drives vehicle 1 or 2	% of usage
	Given name(s)							
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you or any person who may drive the vehicle:

- a) had any accidents or losses in the last 5 years? Yes No
- b) have any physical or mental condition or infirmity that could affect driving ability? Yes No
- c) had any special conditions imposed on a motor policy? Yes No
- d) accumulated 51 or more demerit points on your driving licence record in the last 5 years Yes No
- e) had a driving licence suspended, cancelled or any special conditions imposed? Yes No

If you have answered "Yes" to any of the above questions, please provide full details and dates:

Driver Number		Details	
Driver Number		Details	
Driver Number		Details	
Driver Number		Details	

4. Cover required

What do you use each vehicle for? (tick one) **Vehicle 1:** Private Farm Business **Vehicle 2:** Private Farm Business

What type of cover would you like? (tick one) **Vehicle 1:** Comprehensive Third Party only Third Party Fire and Theft

Vehicle 2: Comprehensive Third Party only Third Party Fire and Theft

Additional options (Options a, b and c are only applicable where your vehicle is insured comprehensively) **do you:**

a) want to restrict drivers to two persons over the age of 25 to reduce premiums? Yes No

which of the two drivers detailed overleaf? (An additional excess will apply to drivers not nominated) 1 2 3 4

b) want to exclude drivers under the age of 25 years and reduce premiums? (This option is only available where the main driver is over 25 years). Yes No

c) want to replace the standard \$300 excess to save on premium? Yes No

if yes, please select the excess required from these available below.

Increase to \$350 \$500 \$750 \$1000 \$1250 \$1500

5. Important notices & declaration

1. Have you or your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:

- i. In the last 10 years been bankrupt? Yes No
- ii. In the last 2 years had more than 2 losses or made claims totalling more than \$2,500 Yes No

2. Ever:

- i. suffered from flooding or landslip at any address relating to this policy? Yes No
- ii. had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined? Yes No
- iii. engaged in any criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending? Yes No

The information sought by this question is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004

3. Is there any further information likely to affect this insurance?

if you have answered "Yes" to any of the above questions please provide full details and dates in the space provided below. If further space is required please complete a separate sheet. (Details should also include name of Insurance Company(s) and Policy Number(s), where applicable)

4. Who was your Insurance Company for the last 12 months? **Policy No**

Your Duty of disclosure Subject to the rights set out in the Criminal Records (Clean Salte) Act 2004 ("Clean Slate Act"), you under a duty to disclose all material information to Vero Insurance New Zealand Limited ("Vero") whether the information is asked for or not. Material information is information that might influence our decision to insure you and if so on what terms and/or premium. All information given must be complete and correct. If you have any doubt as to 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 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.

Privacy Act 1993 This proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Vero, 48 Shortland Street, Auckland. Failure to provide any personal information requested may result in your application for insurance being declined. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 1993.

1/we declare that: 1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Vero. 2. The proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy terms, conditions, exclusions and any special terms they may require.

I/we authorise: 1. Vero to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this and any other insurance held or previously held by me/us and any claim(s) made by me/us. 2. Vero to use my/our personal information to advise me/us of Vero's products and/or services.

I/we undertake to inform Vero immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

Signed (Signatures of Proposers) **Dated** / /