

Motor Vehicle Quote Form

Client: _____ Contact No: _____
Address: _____

If cover is required, please answer all of the questions below.

Make: _____ **Year:** _____ **Colour:** _____ **Rego:** _____

Model (exact description): _____ Sedan / Hatch / Coupe / Wagon / Ute

Diesel / Petro/Gas **Size of Engine:** _____ Manual / Auto 4 speed / 5 speed / 6 speed

Vehicle Value: \$ _____ **Security:** Immobiliser / Alarm / Kill Switch / Other _____

Accessories: _____ \$ _____

Price Paid: _____ **Date Purchased:** _____ **Where purchased from:** _____

Policy Type: **Market Value / Agreed Value / TPPD / Fire TP & Theft**
If Agreed Value or Fire TP & Theft, what sum insured: \$ _____

Day Time: Security Parking / Street / Private Parking Lot / Public Parking Lot / Railway Station / Other _____

Night Time: Garage / Car Port / Driveway / On Street / Other _____

Purpose of Use: Private / Private in Business Name / Limited Business Use / Business Use
If for Business Use, what occupation: _____

No Claim Bonus: _____ **If Rate 1 or 60% how many years on this NCB:** _____ Years

NCB Protection: Yes / No (Allows 1 at fault claim per insurance period with effecting your NCB)

Current Insurer: _____ **Excess:** _____ **Expiry Date of Policy:** _____

Policy No: _____

Main Driver's DOB: _____ **Name:** _____ **Year Licence Obtained:** _____

OPTIONS

Restricted Driver Policy (no drivers under 30 years of age): Yes / No

Nominated Driver (allows 2 drivers only over 25 years) Yes / No

Nominated Driver Low Kilometre (Kilometres shown on vehicle are to be noted) Yes / No

Windscreen Option: (Nil Excess) Yes / No

Hire Car after an accident Option: Yes / No

Have you had any driving convictions or loss of licence in the last 5 years? Yes / No
If Yes, please provide details (date, type of conviction – speeding, DUI, etc)

Have you made any claims in respect to motor vehicle insurance in the last 5 years? Yes / No
If Yes, please provide details (date of loss, description of loss, amount claims, was it an "at fault" claim)

Have you been declined insurance or specials terms imposed by an insurer? Yes / No
If Yes, please provide details

Is there a Financier to be noted? Yes / No
Personal Loan (Secured) / Personal Loan (Unsecured) / Leased / Chattel Mortgage / Hire Purchase (please circle)
If yes, please provide name & address: _____

DECLARATION BY CLIENT/BROKER REP/BROKER AGENT

I/We in effecting insurance in accordance with the information furnished in this Needs Analysis declare & warrant:

- (a) The statements in this Needs Analysis are true;
- (b) That I/We agree to accept the term, exclusions, conditions and limitations of the Policy(s) effected on my/our behalf
By you in respect of the insurances obtained in respect of the above.

SIGNED ON BEHALF OF **DATED**