

# NEEDS ANALYSIS – COMMERCIAL/PRIVATE MOTOR VEHICLE- PRINT & GRAPHIC INSURANCE BROKERS

CLIENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

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

Make: \_\_\_\_\_ Year: \_\_\_\_\_ Colour: \_\_\_\_\_

Rego: \_\_\_\_\_ VIN: \_\_\_\_\_

Model (exact description): \_\_\_\_\_

Sedan / Hatch / Coupe / Wagon / Ute

Diesel / Petrol Size of Engine: \_\_\_\_\_ Manual / Auto \_\_\_\_\_

4 speed / 5 speed / 6 speed Turbo: \_\_\_\_\_

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

Accessories including value of each:

\_\_\_\_\_

After market Modifications-description and value of each:

\_\_\_\_\_

\_\_\_\_\_

Price Paid: \_\_\_\_\_ Date Purchased: \_\_\_\_\_

Date take possession of the vehicle (if different to date of purchase): \_\_\_\_\_

Purchased Private or Car Dealer: \_\_\_\_\_

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 \_\_\_\_\_

Suburb and Postcode of the suburb the vehicle will be parked overnight: \_\_\_\_\_

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

Current Insurer: \_\_\_\_\_ Excess: \_\_\_\_\_ Expiry Date of Policy:

\_\_\_\_\_

Main Driver's DOB: \_\_\_\_\_ Name: \_\_\_\_\_ Year Licence Obtained: \_\_\_\_\_

## OPTIONS

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

Windscreen Option: Yes / No

Hire Car 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:

**If Commercial Use:**

Do you travel more than 600k from the business address:

Any drivers U/25 that may drive the vehicle, even if only occasionally:

What type of business use: deliveries (if yes what type of products), courier, ride share, to and from clients and work and home only etc

**PLEASE NOTE:** The driving history questions relate to all drivers of the vehicle (complete in space below).

Not all additional benefit options apply to commercial vehicles

**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 .....**

**List of All Drivers:**

Name/DOB/Years licenced and driving history as per above questions:

List of Drivers:

Name/DOB/Years licenced and driving history as per above questions:

List of Drivers:

Name/DOB/Years licenced and driving history as per above questions:

List of Drivers:

Name/DOB/Years licenced and driving history as per above questions: