



Private Motor Vehicle Insurance Proposal



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INSURED DETAILS

Name(s) of Insured	
Date of Birth: / /	Date of Birth: / /
Present Postal Address	Street Address
Contact Numbers: Home (0)	Client Ref.
Business (0)	Policy No.
Mobile (0)	Email Address
Fax (0)	
Period of Insurance: / / to	/ / at 4pm
Interested Party/Finance Company	

VEHICLE DETAILS Vehicle 1

<input type="checkbox"/> Full Cover	<input type="checkbox"/> Third Party, Fire and Illegal Conversion	<input type="checkbox"/> Third Party Only.
Vehicle Type: <input type="checkbox"/> Car	<input type="checkbox"/> Trailer	<input type="checkbox"/> Caravan Other:
Year	Make and Model	CC Rating:
Reg. No.	Sum Insured	Excess
Turbo? Yes <input type="checkbox"/> No <input type="checkbox"/>	Modified or Left-hand Drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Garaged? Yes <input type="checkbox"/> No <input type="checkbox"/>
Alarm/Immobiliser? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address Where Vehicle will be normally kept:	

VEHICLE DETAILS Vehicle 2

<input type="checkbox"/> Full Cover	<input type="checkbox"/> Third Party, Fire and Illegal Conversion	<input type="checkbox"/> Third Party Only.
Vehicle Type: <input type="checkbox"/> Car	<input type="checkbox"/> Trailer	<input type="checkbox"/> Caravan Other:
Year	Make and Model	CC Rating:
Reg. No.	Sum Insured	Excess
Turbo? Yes <input type="checkbox"/> No <input type="checkbox"/>	Modified or Left-hand Drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	Garaged? Yes <input type="checkbox"/> No <input type="checkbox"/>
Alarm/Immobiliser? Yes <input type="checkbox"/> No <input type="checkbox"/>	Address Where Vehicle will be normally kept:	

INTENDED DRIVER DETAILS

Surname	Given Names	M/F	NZ License	Date of Birth	% use of vehicle	
					Vehicle 1	Vehicle 2
			yrs	/ /		
			yrs	/ /		
			yrs	/ /		

If the Principal driver is under 25 years of age, there is no cover while the Vehicle is being used by any person who is under the age of 25 years other than those listed as "Intended Drivers" on the Schedule.

Named Driver only option? Yes No (Available to two drivers only — both must be aged 25 years or older)

Exclude drivers under 25 years Vehicle 1: Yes No Vehicle 2: Yes No

GENERAL QUESTIONS

Have You or any other person to be covered under this policy:

- (a) In the past 5 years experienced any loss (whether or not a claim was made) to a motor vehicle?.....Yes No
- (b) Ever experienced any loss of \$10,000 or more to any property?.....Yes No
- (c) Ever withdrawn a claim?.....Yes No
- (d) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed
or a claim refused?Yes No
- (e) Ever had any criminal convictions?.....Yes No

Have You or any of the intended drivers:

- 1 (a) In the past 5 years been involved in any motor accident?.....Yes No
- (b) Ever had a vehicle or its accessories stolen or burnt (whether an insurance claim was made or not)?.....Yes No
- 2 (c) Been convicted of or charged with any driving offence (including speeding) or been issued with an offence
or infringement notice (other than parking) in the last 5 years?Yes No
- 3 (d) Had their licence cancelled, suspended, or endorsed, or been disqualified from driving?Yes No
- 4 (e) Any hearing or eyesight impairment or any physical or mental handicap not endorsed on their licence?Yes No

If you answered "Yes" to any of the above, please give full details.

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PRIVACY ACT

To be completed by the Insured(s) shown and also on behalf of any other person covered by these insurances.

- 1) I/We declare that all information contained in this form and on any attachments is complete and correct;
- 2) I/We have disclosed all information relevant to the acceptance of this proposal;
- 3) I/We agree that this proposal shall be the basis of the contract between me/us and John Baker Insurance and I/We am/are willing to accept the terms, conditions, and exclusions for these insurances;
- 4) The sums insured represent the full value of the property insured;
- 5) I/We understand that this proposal requests personal information about me/us which is held by John Baker Insurance and the insurer to evaluate my/our application for insurance. Failure to provide the information sought may result in my/our application being declined or my/our insurance being void from the beginning;
- 6) By signing this form I/We authorise John Baker Insurance and the

insurer to;

- a) Check details against the Insurance Claims register and to place information on the Insurance Claims Register which other insurers can access;
- b) Disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
- c) Obtain personal information held by any other party regarding my/our existing and previous insurances;
- 7) I/We understand that there are rights of access to and correction of information held by John Baker Insurance, the insurer, and the Insurance Claims Register.

Insured(s) Signature

Date / /

FOR OFFICE USE

>First Premium

>Future Annual

Premium Quote by

Company

Company

Internet Rate Card

Fire Service Levy

Fire Service Levy

Phone (Speaking with)

GST

GST

Options

Options

Total Due \$

Total Due \$