TM	
	swann
	insuran

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT AND INDICATE 🔽 WHERE APPLICABLE

If insufficient space provided for answers, please write on a seperate sheet and attach to the form.

CC INTERMARQUE P.O. Box 68-200, Newton, Auckland Level 16, 51 Shortland Street, Auckland Tel: 0800 807 926 Fax: (09) 302 0805

INTERMARQUE AGREED VALUE VEHICLE INSURANCE

proposal

Swann Insurance A business division of IAG New Zealand Limited.

NUMBER 001

PERIOD OF COVER: From / / to 4pm / /

vehicle information	า								
MAKE	MODEL	MODEL		YEAR MFR	REG. NO.	F	FIRST REGISTERED		
							/ /		
ENGINE CAPACITY (cc) V.	I.N./ENGINE NO.				DATE OF PURCHASE	CURRENT VE	HICLE VALUE		
					/ /	\$	inc. GS		
ODOMETER READING									
	kms WHER	E IS THE VEHICLE US	UALLY PARKED?	DRIVEWAY	LOCKED GARAGE	UNLOCKED GARA	GE STREET		
					FINANCIER NA	ME (if applicable)			
VEHICLE USAGE PR	IVATE COURIER	BUSINESS	SPECIFY TYPE						
Is your vehicle fitted with an electronic theft device?	No Yes	If "yes", what type a	and make?						
MODIFICATIONS – Please list a	any non-standard modifications	to the vehicle. (e.g. exh	aust, suspension). <i>(Pl</i>	ease note items not s	pecifically listed are exclude	ed from cover.)			
ACCESSORIES – Please list an	y non-standard accessories you	wish to be covered. (e	.g. gearsacks, racks, si	idecar, trailers). <i>(Plea</i> s	se note items not specifically	/ listed are excluded f	rom cover.)		
vehicle information	า								
MAKE	MODEL	MODEL		YEAR MFR	REG. NO.	FIRST REGISTERED			
							/ /		
ENGINE CAPACITY (cc) V.	I.N./ENGINE NO.				DATE OF PURCHASE	CURRENT VE	CURRENT VEHICLE VALUE		
					/ /	\$	inc. GS ⁻		
ODOMETER READING									
	kms WHER	E IS THE VEHICLE US	UALLY PARKED?	DRIVEWAY	LOCKED GARAGE	UNLOCKED GARA	GE STREET		
					FINANCIER NA	ME (if applicable)			
VEHICLE USAGE PR	IVATE COURIER	BUSINESS	SPECIFY TYPE						
Is your vehicle fitted with an electronic theft device?	No Yes	If "yes", what type a	and make?						
MODIFICATIONS – Please list a	any non-standard modifications	to the vehicle. (e.g. exh	aust, suspension). <i>(Pl</i>	ease note items not s	pecifically listed are exclude	ed from cover.)			
ACCESSORIES – Please list an	v non-standard accessories vou	wish to be covered (e	.o. gearsacks, racks, si	idecar, trailers), (Plea	se note items not specifically	v listed are excluded f	rom cover.)		

vehicle information											
MAKE		MODEL		STYLE (eg road)	YEAR MFR	REG. NO).	FIRST REGISTERED			
										/	/
ENGINE CAPACITY (cc) V.I.N./ENGINE NO.					DATE OF PURCHASE CURRENT VEHICLE VALUE						
							/ /	\$			inc. GST
ODOMETER READING											
		kms WHE	re is the vehicle u	SUALLY PARKED?	DRIVEWAY	LOCKEDG	GARAGE	UNLOCKE	DGARAGE	STE	REET
	FINANCIER NAME (if applicable)										
VEHICLE USAGE	PRIVATE	COURIER	BUSINESS	SPECIFY TYPE							
Is your vehicle fitted wit an electronic theft devic		Yes	If "yes", what type	e and make?							
MODIFICATIONS – Please list any non-standard modifications to the vehicle. (e.g. exhaust, suspension). (<i>Please note items not specifically listed are excluded from cover.</i>)											
		ard modification	s to the vehicle. (e.g. ex	khaust, suspension). <i>(Pl</i>	lease note items not s _l	pecifically li	sted are exclud	led from cover	r.)		

ACCESSORIES - Please list any non-standard accessories you wish to be covered. (e.g. gearsacks, racks, sidecar, trailers). (Please note items not specifically listed are excluded from cover.)