

**Swann Insurance**  
A business division of IAG New Zealand Limited.

ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT AND INDICATE  WHERE APPLICABLE  
If insufficient space provided for answers, please write on a separate sheet and attach to the form.

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

**insured person – must be registered owner of vehicle**

TITLE ( e.g. MR/MRS )	FIRST NAME	SURNAME	
ADDRESS NUMBER	STREET		SUBURB/TOWN
TELEPHONE (DAYTIME)	EMAIL ADDRESS	DATE OF BIRTH	OCCUPATION
( )	( )	/ /	
VEHICLE LICENCE ORIGIN		LICENCE TYPE	
NZ <input type="checkbox"/>	AUST <input type="checkbox"/>	OTHER <input type="checkbox"/>	SPECIFY <input type="text"/>
		FULL <input type="checkbox"/>	RESTRICTED <input type="checkbox"/>
		LEARNER <input type="checkbox"/>	
VEHICLE LICENCE NUMBER	DATE OBTAINED	EXPIRY DATE	ANY LICENCE RESTRICTIONS?
	/ /	/ /	

**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	WHERE IS THE VEHICLE USUALLY PARKED?	DRIVEWAY <input type="checkbox"/>	LOCKED GARAGE <input type="checkbox"/>	UNLOCKED GARAGE <input type="checkbox"/>
					STREET <input type="checkbox"/>
CLASSIC CAR CLUB MEMBER	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "yes", name of club <input type="text"/>		
			FINANCIER NAME (if applicable) <input type="text"/>		
VEHICLE USAGE	PRIVATE <input type="checkbox"/>	COURIER <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	SPECIFY TYPE <input type="text"/>	
Is your vehicle fitted with an electronic theft device?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	If "yes", what type and make? <input type="text"/>		
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>					
<input type="text"/>					
ACCESSORIES – Please list any non-standard accessories you wish to be covered. (e.g. gearsacks, racks, sidecar, trailers). <i>(Please note items not specifically listed are excluded from cover.)</i>					
<input type="text"/>					

**other driver/rider information**

Will any person other than the insured person ride the vehicle? No  Yes  (If "Yes" please provide details.)

NAME	DATE OF BIRTH	YR LIC. OBTAINED	LIC. TYPE	OCCUPATION	% OF USE
	/ /				
	/ /				
	/ /				
	/ /				

**classic club and racing extension**

No  Yes  Classic Club and Racing extension extends cover to you vehicle when you are driving/riding it in a club demonstration, club track day or club rally day.

**type of cover – (as defined in policy)**

1. FULL COVER  2. THIRD PARTY LIABILITY  3. FIRE AND THEFT

**PREMIUM PAYABLE (Including GST)**

SPECIAL EXCESS AMOUNT \$

\$

<b>AGENT USE ONLY</b>	QUOTE NO. <input type="text"/>	NCB RATING NO. <input type="text"/>	CAT NO. <input type="text"/>	PREM LOAD. AMOUNT PAID \$ <input type="text"/>
Selling Agent Name <input type="text"/>				

<b>OFFICE USE ONLY</b>	Points <input type="text"/>	Checked <input type="text"/>	Auth. <input type="text"/>	Policy I.D. <input type="text"/>
Comments <input type="text"/>	Agent 1 <input type="text"/>	PY <input type="text"/>	DED <input type="text"/>	
	Agent 2 <input type="text"/>	PY <input type="text"/>	DED <input type="text"/>	

**personal history**

The information you will be asked to provide below relates to you and all other persons likely to be in charge of your vehicle. Please carefully consider your answers to the following questions, as they form the basis on which we will review your Proposal. It is essential that the answers are truthful and accurate as they may affect any future claims made by you.

**Please complete ALL sections (tick as appropriate and initial each and every response)**

**personal information**

**A. In the last 5 years, how many times have you and all other persons likely to be in charge of your vehicle:**

	within the last 2 years	in the last 2 to 5 years
(i) Had any "at fault" vehicle/motor vehicle accidents or losses including fire, theft and wilful damage? "at fault" includes accidents and losses you were responsible for or you were unable to recover from the responsible party.	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(ii) Had any "not at fault" accidents or losses not declared above?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(iii) Had an application for vehicle insurance refused or had a policy declined or cancelled?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(iv) Been convicted of any criminal offence?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(v) Been imprisoned for 3 months or more?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(vi) Had a drivers/riders licence suspended, cancelled, endorsed, demerit points or restricted?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(vii) Been charged or convicted of driving/riding without a valid licence or permit?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more
(viii) Been convicted or fined, or have charges pending for any alcohol or drug related driving/riding offences?	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more	<input type="checkbox"/> None <input type="checkbox"/> One <input type="checkbox"/> 2 or more

**B. Are you and all other persons likely to be in charge of your vehicle:**

(i) Permanent residents of New Zealand or Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(ii) Licensed to drive the proposed vehicle on New Zealand roads?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**C. Have you and all other persons likely to be in charge of your vehicle:**

(i) Held a current drivers/riders licence for the last 2 consecutive years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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**declaration**

I declare that:

- The information and answers I have written on this Proposal are a truthful and complete record of all the information provided by me.
- I accept the terms and conditions of Swann's policy.
- I authorise Swann Insurance to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

Signature(s) of Proposer (Insured Person/s)

Date / /

**payment method**

Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Bankcard <input type="checkbox"/> Mastercard	Expiry Date	/ /	Amount \$
Cardholder's Name				Card Holder's Signature
Card Number				SIGN HERE ONLY IF PAYMENT BY CREDIT CARD
				Date / /

**monthly payment plan**

Initial instalment \$ Followed by 10 monthly instalments of \$