

Maxirider Motorcycle Insurance Proposal Form



PO Box 68–200, Newton, Auckland
0800 807 926 (f) 09 302 0805

All questions must be answered. Please print and indicate where applicable.
If there is 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 motorcycle

Title: _____ First Name: _____ Surname: _____

Date of Birth: _____ Occupation: _____

Postal Address: _____ Suburb: _____

Town/City: _____ Postcode: _____

Phone (day): _____ Mobile: _____ Email: _____

Motorcycle Licence Number: _____ Date Obtained: _____ Expiry Date: _____

Motorcycle licence origin: NZ AUS Other Specify: _____ Full Restricted Learner

Any licence restrictions? _____

Club member? Yes No Name of Club: _____

Type of Cover

Type of Cover? Full Cover Third Party/Fire/Theft Fire/Theft & Transit Third Party Only

Motorcycle Details

Is this motorcycle road currently registered? Yes No

Is this motorcycle? Off-Road Road Bike Storage/Restoration

Make: _____ Model: _____ Year of Manufacture: _____

Registration Number: _____ Odometer Reading: _____ Engine Size (CC): _____

V.I.N./Engine/Frame No.: _____ Date of Purchase: _____ Value of Vehicle \$: _____

Vehicle anti-theft device? Yes No If 'Yes' please give full details of system: _____

Where is the motorcycle usually stored? Locked Garage Driveway/Carport Street Other Specify: _____

Is the motorcycle used only for private purposes? Yes No

If 'No' please give full details: _____

Has the motorcycle been modified in any way from the manufacturer's specifications? Yes No

If 'Yes' please give full details: _____ Value \$: _____

Has the motorcycle been fitted with any accessories since new? Yes No

If 'Yes' please give full details: _____ Value \$: _____

Financial Interest? Yes No

Finance Company Name & Address: _____

Owner(s) & Named Rider(s) Will you be the sole rider? Yes No

Name all other riders below:

Name	Date of Birth	Year Licence Obtained	Licence Type	Occupation	% of Use

Declaration Questions

The information you will be asked to provide below relates to you and all other persons likely to be in charge of your motorcycle. 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.

Have you or anyone else who will drive this vehicle had any motor vehicle accidents, damage or theft in the last 5 years (whether a claim was made or not)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone who will drive the vehicle:		
a) Ever been indefinitely disqualified from driving for repeat alcohol or drug related driving offences?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Had any conviction or fine for any other driving offence within the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or has anyone who will drive the vehicle:		
a) Ever been imprisoned for any criminal or driving offence, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Had any conviction or fine for either a criminal or driving offence within the last 7 years, or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Any prosecution pending for any criminal or driving offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or anyone else who will drive this vehicle ever had insurance declined, cancelled, been refused renewal or had any special conditions imposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any other information likely to affect this insurance (e.g: licence demerit points)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered 'Yes' to any of the declaration questions above please give full details below:

Agreement

I/We agree that:

MATERIAL FACTS

- a) All the information given to Swann (whether written or verbal) is true and correct; and
- b) All information that is relevant to this insurance has been given.

TERMS OF POLICY

The terms and conditions of Swann's policies are accepted.

USE OF INFORMATION

- a) My personal information collected by Swann may be:
 - i) Used by Swann to advise me of its other services;
 - ii) Used in the administration of this policy and any other policies I/we have with Swann on which I/we are named;
 - iii) Disclosed to other members of the insurance industry and Insurance Claims Register Limited and to parties who have a financial interest in the subject matter of the policy.
- b) Swann may give or obtain information from appropriate individuals or organisations relating to this insurance for underwriting and other insurance purposes.
- c) I/we may request access to, and if necessary correction of, this information in accordance with the Privacy Act 1993. The information will be held by IAG New Zealand Limited, Private Bag 92130, Auckland 1142.

Where you provide Swann with personal information about any other person, you confirm that you have authority from that person to disclose such information and to authorise Swann to use and disclose the information in the administration of this policy and other policies on which that person is named.

Signature(s) of Proposer (Insured Person/s): _____ Date: _____

Insurer Financial Strength

Swann is a business division of IAG New Zealand Limited which received a Standard & Poor's (Australia) Pty Ltd financial strength rating of AA - ('Very Strong').

The rating scale is:

AAA (Extremely Strong)	BB (Marginal)
AA (Very Strong)	B (Weak)
A (Strong)	CCC (Very Weak)
BBB (Good)	CC (Extremely Weak)

The rating from 'AA' to 'B' may be modified by the addition of a plus (+) or minus (-) sign to show relative standing within the major rating categories.

Office Use Only

Agent Name: _____

Basic Excess Amount \$: _____ Special Excess Amount \$: _____

Premium Payable (incl. GST) \$: _____

Comments: _____