

# Intermarque Classic Vehicle 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 vehicle

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Drivers Licence Number: \_\_\_\_\_ Date Obtained: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Drivers licence origin: NZ  AUS  Other  Specify: \_\_\_\_\_ Full  Restricted  Learner

Any licence restrictions? \_\_\_\_\_

Club member? Yes  No  Name of Club: \_\_\_\_\_

## Type of Cover

Full Cover  Laid Up Cover  Third Party Only

## Vehicle Details

Classic Car  Classic Motorcycle  Modern Classic Car

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year of Manufacture: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_ Engine Size (CC): \_\_\_\_\_

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

Modifications? Yes  No  If 'Yes' please give full details: \_\_\_\_\_

Accessories? Yes  No  If 'Yes' please give full details: \_\_\_\_\_

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

Where is the vehicle usually stored? Locked Garage  Driveway/Carport  Street  Other  Specify: \_\_\_\_\_

Address of where vehicle is stored if different from above: \_\_\_\_\_

Is the vehicle used only for private purposes? Yes  No  If 'No' please give full details: \_\_\_\_\_

Financial Interest? Yes  No

Finance Company Name & Address: \_\_\_\_\_

## Optional Extensions

Classic Club & Racing extension? (classic car only)    Yes     No

Wedding or other chauffeur driven hire extension?    Yes     No

## Other Driver Information

Please list all likely drivers of the vehicle:

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 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.

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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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:

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## 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: \_\_\_\_\_