

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

## INTERMARQUE MODERN CLASSIC MARKET VALUE VEHICLE INSURANCE

A business division of IAG New Zealand Limited.

application

INTELE (P. MAMANS) FRIST NAME  ADDRESS RUMBERS STREET  SUBBREZTOWN  TELEPHONE (DAYTIME)  BANIL ADDRESS  (1)  (1)  (1)  (2)  (3)  (3)  (3)  (4)  (4)  (5)  CHECKET PREPARE  FORCE LICENCE ORIGIN  W. ALIST OTHER \$ SPECIFY  PRIVEL LICENCE FRINGED  DATE OF BIRTH OCCUPATION  W. ALIST OTHER \$ SPECIFY  PRIVEL LICENCE FRINGED  DATE OF BIRTH OCCUPATION  WE PRIVEL LICENCE FRINGED  PRIVEL LICENCE FRINGED  PRIVEL LICENCE FRINGED  DATE OF BIRTH OCCUPATION  FIRST REGISTERED  FORCE LICENCE FRINGED  PRIVEL LICENCE FRINGED  PRIVEL LICENCE FRINGED  AND FIRST REGISTERED  AND FIRST REGISTERED  AND CLASSIC CAR CLUB MEMBER NO WAS \$ IN 'yes', name of dub  FINANCIES MAMAGE REPORTS  FOR COST  F	ALL QUESTIONS MUST BE ANSWERED. PLEASE PRINT AND INDICATE [7] WHE If insufficient space provided for answers, please write on a separate sheet and attack		PERIC	DD OF COVER: From	/ /	to 4pm	/	/
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Comments PY DED								
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## personal history

Initial instalment \$

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)

per	sonal information				
A.	In the last 5 years, how many times have you and all oth	ner persons likely to be in ch	arge of yo	our vehicle:	
<b>(*)</b>		within the last 2 ye	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.	None One 2	or more	None One	2 or more
(ii)	Had any "not at fault" accidents or losses not declared above?	None One 2	or more	None One	2 or more
(iii)	Had an application for motor vehicle insurance refused or had a policy declined or cancelled?	None One 2	or more	None One	2 or more
(iv)	Been convicted of any criminal offence?	None One 2	or more	None One	2 or more
(v)	Been imprisoned for 3 months or more?	None One 2	or more	None One	2 or more
(vi)	Had a drivers/riders licence suspended, cancelled, endorsed, demerit points or restricted?	None One 2	or more	None One	2 or more
(vii)	Been charged or convicted of driving/riding without a valid licence or permit?	None One 2	or more	None One	2 or more
(viii)	Been convicted or fined, or have charges pending for any alcohol or drug related driving/riding offences?	None One 2	or more	None One	2 or more
В.	Are you and all other persons likely to be in charge	of your vehicle:			
(i)	Permanent residents of New Zealand or Australia?	Yes			No
(ii)	Licensed to drive the proposed vehicle on New Zealand roads?	Yes			No
C.	Have you and all other persons likely to be in charge	e of your vehicle:			
\ /	Held a current drivers/riders licence for the last 2 consecutive years?	Yes			No
dec	laration				
1) T	are that: 'he information and answers I have written on this Proposal are a trut rovided by me.	hful and complete record of all the	information	Signature(s) of Proposer	r (Insured Person/s)
3) 1	accept the terms and conditions of Swann's policy. authorise Swann Insurance to collect or disclose any personal informat o/from any other insurers or insurance reference service.	ion relating to this insurance		Di	ate / /
pay	ment method				
Card	Type: Uisa Bankcard Masterca	rd Expiry Date /	/	Amount \$	
Card	holder's Name			Card Holder's Signature	
Card	Number				'MENT BY CREDIT CARD ate / /
mo	nthly payment plan				

Followed by 10 monthly instalments of \$