



Private Motor Vehicle Proposal Form

NZI, a business division of IAG New Zealand Limited (Insurer) acting through their agent International Underwriting Agencies Ltd ("IUA") PO Box 7238, Wellesley Street, Auckland 1010

IMPORTANT INFORMATION

Your duty of Disclosure:

You must tell us everything you know (or could be reasonably expected to know) that a prudent insurer would want to take into account in deciding:

- a) Whether to accept your proposal; and
- b) If so, on what terms.

Examples of what you must tell us include:

- a) Anything that increases the risk of a claim
- b) Any criminal offending or convictions
- c) Any previous insurance claims
- d) Any refusal by another insurer to insure you on standard terms, or continue to insure you on standard terms.

You must also tell us this every time this policy renews, and when you make any changes to it. If you fail to do this, Insurers may avoid the policy retrospectively. You will have no insurance at all. When in doubt, disclose. We treat all information confidentially.

Change of circumstances

You must also tell us about any material changes in your circumstances after the policy starts and during the policy period.

Privacy

Personal information may be collected to evaluate your claim. All information collected will be held by International Underwriting Agencies Ltd P O Box 7238, Wellesley Street, Auckland 1141 and/or Lumley, a business division of IAG New Zealand Limited, P O Box 2426 Auckland 1140. Individuals have the right under the Privacy Act 1993 to request access to and correction of their personal information.

INSURED DETAILS

The Insured:

Date of Birth:

Broker:

Period of Insurance: From / / to / / at 4.00 p.m.

VEHICLE DETAILS

Item	Year	Make and Model	Reg. No.	cc Rating	Sum Insured

- 1. Is there any non factory fitted equipment over \$1,500?
- 2. Is an approved alarm system installed?
- 3. Are there any other anti-theft devices?
- 4. Is a fire extinguisher carried?
- 5. Is the vehicle turbo powered?
- 6. Is the vehicle left hand drive?
- 7. Is the vehicle securely garaged overnight?

Address where garaged:

- 8. Have there been any modifications?

Detail of any modifications:

- 9. Interested Parties (please list):

CHOICE OF COVER (please tick whichever applicable)

- Option A Full Cover
- Option B Third Party Fire and Illegal Conversion
- Option C Third Party Fire
- Option D Named Drivers (two aged 25 years or older)
- Option E Exclude Drivers under 25 years

DRIVERS

Please provide details of ALL persons, including yourself, who will drive the vehicle(s):

Full Name	Occupation	Date of Birth	Years Licenced	% Use

If the Principal Driver is under 25 years of age, there is no cover while the Vehicle is being used by any other person who is under the age of 25 years other than those listed as "Intended Drivers" on the Schedule.

EXCESSES

The following excesses apply:-

1% of the Vehicle Sum Insured, subject to a minimum \$400 - plus the following additional deductibles apply in respect of:

1. A person aged from 21 and less than 25 years of age - \$500;
2. A person under 21 years of age or a person who has not held a current licence for the 12 months immediately preceding the date of loss - \$1,000;
3. Unnamed drivers - \$250.

GENERAL QUESTIONS

Have you or any other person to be covered under this Policy or any other person who may benefit from this Insurance:

1. (a) In the past 5 years been involved in any motor accident? Yes No
(b) Ever had a vehicle or its accessories stolen or burnt (whether an insurance claim was made or not)? Yes No
2. Been convicted of or charged with any driving offence (including speeding) or been issued with an offence or infringement notice (other than parking) in the past 5 years? Yes No
3. Had their licence cancelled, suspended, or endorsed, or been disqualified from driving? Yes No
4. Any hearing or eyesight impairment or any physical or mental handicap not endorsed on their licence? Yes No
5. Had any criminal convictions not subject to the 'clean slate' scheme under the Criminal Records Act 2004 and does not have a pending prosecution for a criminal offence. Yes No
6. Ever withdrawn a claim? Yes No
7. Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim refused? Yes No

If "Yes" to any of the above, please provide details:

PREVIOUS INSURANCE DETAILS

Insurer	Type of Cover	Years Held	No Claims Discount

DECLARATION

To be completed by the insured(s) shown and also on behalf of any other person to be covered by this insurance.

I declare that:

1. All information contained in this proposal and on any attachment is complete and correct;
2. I have disclosed all material facts to IUA (see your Duty of Disclosure above);
3. I agree that this proposal shall be the basis of the contract between me and Insurer and I am willing to accept the terms, conditions and exclusions of this insurance;
4. I am authorized to complete this proposal on behalf of all people to be covered by this insurance and they give the same declarations.

By signing this form I authorise IUA to:

5. Check our details on the Insurance Claims Register and place our claims information on the Insurance Claims Register which other insurers can access;
6. Disclose our personal information about this insurance to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
7. Obtain our personal information held by any other party regarding my/our existing and previous insurances.

Signature of Insured(s)

Date: / /

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Date: / /