



Commission Agents Motor Vehicle Insurance

Name: _____

Address: _____

Date of Birth: ____ / ____ / ____ Occupation: Commission agent with: _____

Ph: (0) _____ Business (0) _____ Pvt. (02) _____ Mobile _____

Period of Insurance: ____ / ____ /200 ____ to 30 April 200 ____ (common expiry date)

Full Comprehensive Cover Vehicle Details

Standard Excess: Unless otherwise stated, 1% Vehicle value with a minimum of \$300 each and every claim. Underage excesses are additional

Year	Description	Registration	Engine CC	Value

Are there any accessories over \$1500 in value: Yes/No Details: _____

Is vehicle fitted with an alarm and/or an approved immobilizer? Yes/No Details: _____

Driver Details - Please give details of any driver who will drive this/these vehicles

Name	Date of Birth	M/F	% of Use	Years Licenced	Licence Type (full or other)

Driver History

Please give details of any accidents, claims or losses (whether a claim was made or not) during the past three years in connection with any motor vehicle owned or operated by any person(s) who may drive the vehicles

Date	Details of Incident	Driver	Cost	Insurer

During the past FIVE years have you, or has any person who will drive the vehicle

- a) Been convicted of any driving offence (excluding parking offences) or an offence for which a prosecution is still pending, or had a drivers licence suspended, cancelled or endorsed? Yes/No
- b) Suffered from Diabetes, epilepsy or heart condition or any other disease, or physically disabled? Yes/No

Financially Interested Parties: - _____
The main purpose for which the vehicle is used under this policy is Real Estate/Commission Sales incl. Private Use.

Who is the Registered Owner of the Vehicle(s) _____

Relationship to the insured? _____

Where will the vehicle be parked over-night. _____

Your Previous Insurer was: _____ Policy No (if known) _____

No Claims Bonus Proof discount allowed _____ (please attach proof)

Duty of Disclosure:

You must tell us all information you know (or could reasonably be expected to know) which could influence the judgment of a prudent insurer whether or not to accept your application, and if it is accepted on what terms and at what cost.

If you are not sure whether you need to disclose a particular piece of information, please ask. If you fail to meet your duty of disclosure, you may find that you never had cover at all. Please tell us when and if you change your occupation as it may alter the cover available to you.

When in doubt, disclose. Please remember that all information will be treated confidentially.

Privacy Act Statement and Agreement

We gather information about you (including your claims history) to consider your application for insurance. Your duty of disclosure requires you to do this. If you refuse to provide the information, we may decline your application or declare this policy unenforceable from the beginning. This information is held by us and you may access and seek correction of it. It may be passed on to other insurers that you deal with and other interested parties.

Your claims history is passed on to and held by the Insurance Claims Register Ltd. This enables other insurer's you deal with to access it and prevents fraudulent claims.

Insurance History and Declaration:

I/We agree that all information given to Northcrest Insurance Brokers in relation to the application, whether oral or written is correct.

All material facts have been disclosed.

Has any insurance company:

a) refused to insure you or imposed special terms? Yes/No

b) refused a claim in respect of any insurance? Yes/No

Have you during the last five years made a claim in respect of your insurance? Yes/No

Are you aware of any circumstance that may result in a claim under any insurance? Yes/No

Have you been sued for unpaid debts, or managed a company placed in liquidation or receivership? Yes/No

Have you ever had an insurance policy cancelled for the non payment of premiums? Yes/No

Have you ever had an insurance policy cancelled for any other reason, or had special terms imposed? Yes/No

If you have answered YES to any of the above questions please provide details below:

Signed: _____

Date: _____

