

Private Vehicle Proposal

Reference

1. Your details

| Name(s) in full (joint if applicable) | | First name/s | Surname |
|--|-----------------------------------|-------------------------------------|---|
| 1. Mr/Mrs/Miss/Ms/Other | | | |
| 2. Mr/Mrs/Miss/Ms/Other | | | |
| Residential address | | | |
| Postal address (if different from above) | | | |
| Email address | | Occupation(s) 1. 2. | |
| Date(s) of Birth of main proposer(s) | | 1. / / | 2. / / |
| Telephone - Private () | | Business () | Mobile () |
| When do you need cover? | From start date | To | at 4pm and renewable annually |
| How do you wish to pay? | Annually <input type="checkbox"/> | Instalment <input type="checkbox"/> | (please complete a separate form if paying by instalment) |

2. Vehicle details

Type of vehicle: Car Van Ute Motorcycle Caravan Trailer

| Vehicle | Year | Make and exact model (eg LXi, WRX, EVO, etc) | CC Rating | Registration number | Purchase price | Date purchased | Market value |
|---------|------|--|-----------|---------------------|----------------|----------------|--------------|
| 1. | | | | | | | |
| 2. | | | | | | | |

NB: If your vehicle is a caravan, the market value must include the value of the awning.

Are either of the vehicles:

| | | |
|---|------------------------------|-----------------------------|
| a) turbo-charged, supercharged, V8 or V12? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) registered in a name other than yours? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) under hire purchase, finance or lease? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d) already damaged or have any defects? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e) modified in any way? A modification includes (but isn't limited to) changes or enhancements to the: engine, exhaust system and suspension; seats and steering wheel; panels or paint work; size and type of wheels and/or size of tyres. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you have answered "Yes" to any of the questions above, please provide full details & identify which vehicle: (If you require extra space, please continue on a separate sheet)

Vehicle 1.

Vehicle 2.

Accessory cover

Are either of the vehicles equipped with accessories (**excluding** Manufacturers standard fittings) with a total value over \$1,000? This includes fitted entertainment, communications and navigation systems; child restraints/seats; tools and breakdown equipment purchased by you to repair your vehicle; car seat covers; first aid kit, torch, fire extinguisher, maps; and other equipment (not otherwise defined) permanently fitted to the vehicle. If you have answered "Yes", please provide full details: (If you require extra space, please continue on a separate sheet)

| | | | |
|--|------------------------------|-----------------------------|--------------|
| Accessory type (Please describe in detail) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Market Value |
| Vehicle 1. | | | |
| Vehicle 2. | | | |

3. Driver details

| Full name (Principal driver first) | Date of Birth | Occupation | Relationship to you | Licence Type (eg Full, Learner, Restricted) and country of issue | Years held | Drives vehicle 1 or 2 | % of usage |
|------------------------------------|---------------|------------|---------------------|--|------------|-----------------------|------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

Have you or any person who may drive the vehicle:

- a. had any accidents or losses in the last 5 years? Yes No b. have any physical or mental defect or infirmity? Yes No
- c. had any special conditions imposed on a motor policy? Yes No
- d. had a driving licence endorsed, cancelled or any special conditions imposed? Yes No
- e. been convicted of or fined for a motoring offence (or have any pending) in the last ten years?
Please include speeding offences but you may ignore parking offences. Yes No

If you have answered "Yes" to any of the above questions, please provide full details and dates:

| | | | |
|---------------|----------------------|---------|----------------------|
| Driver Number | <input type="text"/> | Details | <input type="text"/> |
| Driver Number | <input type="text"/> | Details | <input type="text"/> |

4. Cover required

What do you use each vehicle for? (tick one) **Vehicle 1:** Private Farm Business **Vehicle 2:** Private Farm Business

What type of cover would you like? (tick one) **Vehicle 1:** Full Third party only Third Party Fire and Theft

Vehicle 2: Full Third party only Third Party Fire and Theft

Additional options (Options a, b, c and d are only applicable where your vehicle is insured comprehensively)

Do you:

- a) want the Windscreen cover without an excess? Yes No
- b) want the Hire Vehicle Extension? Yes No
- c) want to restrict drivers to two persons over the age of 25 to reduce premiums? Yes No
Which of the drivers detailed overleaf? (An additional excess will apply to drivers not nominated) 1 2 3 4
- d) want to exclude drivers under the age of 25 years and reduce premiums? (This option is only available where the main driver is over 25 years). Yes No
- e) have a No Claims discount? Yes No
Please attach your last renewal notice or proof of discount entitlement from your previous insurance company. Number of years entitlement
- f) want to increase the standard \$250 excess to save on premium? Tick excess required: \$250 \$300 \$400 \$500 \$1000

5. Questionnaire and declaration

1. Have you or your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:

a) In the last 10 years:

- i. Been subject to lawsuit or a legal liability claim? Yes No
- ii. Been bankrupt? Yes No

b) Ever:

- i. Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined? Yes No
- ii. Engaged in any criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending? Yes No

2. Is there any further information likely to affect this insurance? Yes No

If you have answered "Yes" to any of the above questions please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s) and Policy Number(s), where applicable).

| |
|----------------------|
| <input type="text"/> |
| <input type="text"/> |

3. Who was your Insurance Company for the last 12 months? Policy No

6. Your Duty of Disclosure

Your Duty of disclosure You have a duty to tell Vero New Zealand Limited (Vero) any information which would influence Vero's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Vero may avoid your insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

I/we declare that: **1.** The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance. **2.** This Proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require. **I/we authorise:** Vero to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/we understand that: **1.** The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Vero, 48 Shortland Street, Auckland. **2.** Vero may refuse to provide the insurance cover if I/we fail to provide the information sought. **3.** I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed (Signatures of Proposers) Dated