

# Private Motor Vehicle Application Form



Agent's Name: \_\_\_\_\_ Policy Number:

## YOUR DUTY OF DISCLOSURE

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

### Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal record;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

### Examples of information you do not need to disclose include:

- anything that reduces the risk of an insurance claim.
- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

**WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY.**

## DETAILS OF APPLICANT(S) New Client Existing Client

### APPLICANT 1

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### APPLICANT 2

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### POSTAL ADDRESS

Number/Street: \_\_\_\_\_ PO Box: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_ Post Code: \_\_\_\_\_

### CONTACTS

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

### FINANCE DETAILS

Full name and address of Finance Company (or other interested parties): \_\_\_\_\_

Date financial interest ends: \_\_\_\_\_

Covers already with NZI: None  House  Contents  Car  Boat  Business

Types of cover (tick cover required) Standard  Third Party Fire & Theft  Third Party only

Period of insurance from: \_\_\_\_\_ to: \_\_\_\_\_ at 4pm

## VEHICLE DETAILS

Please tick which type of vehicle you are insuring: Car  Motor Cycle  Caravan  Trailer

Other  (Specify) \_\_\_\_\_

Make and Model of vehicle: \_\_\_\_\_ Date of Manufacture: \_\_\_\_\_

Registration Number: \_\_\_\_\_ Market Value of Vehicle (\$) \_\_\_\_\_ Engine size: \_\_\_\_\_ (cc)

Fuel Type: Petrol  Diesel  Transmission: Automatic  Manual  Turbo: Yes  No  Rotary: Yes  No

1. Has the original engine been replaced or modified? Yes  No

If 'Yes', give full details: \_\_\_\_\_

2. Have the original wheels been replaced? (Other than replacement of tyres) Yes  No

If 'Yes', give full details: \_\_\_\_\_

3. Has the bodywork or suspension been modified? Yes  No

If 'Yes', give full details: \_\_\_\_\_

4. Has the vehicle been fitted with a stereo system worth more than \$1000? Yes  No

If 'Yes', give full details: \_\_\_\_\_

5. Please tick any of the following which apply to your vehicle: Sports or performance  Classic/Vintage  Kitset/Replica  Hybrid   
Convertible/Cabriolet  Left-hand Drive  Orphan

6. Does the vehicle have a car alarm or immobiliser? If 'Yes', complete (a), (b) and (c) Yes  No

(a) Alarm  Immobiliser

(b) Was the alarm or immobiliser fitted by the manufacturer before the vehicle was sold new in New Zealand? Yes  No

(c) Advise NZSA Star Rating 1  2  3  4  5

If not rated, give details of system: \_\_\_\_\_

7. Where is the vehicle usually parked at night? Garage  Driveway/Carport  On Roadside  Other  (Specify) \_\_\_\_\_

8. Will the vehicle be used in connection with any profession, business or occupation? Yes  No

If 'Yes', give full details: \_\_\_\_\_

## DETAILS OF THE OWNER(S) & DRIVER(S)

FULL NAME	DATE OF BIRTH	SEX (M/F)	OCCUPATION	PHONE NUMBER	DRIVER TYPE*	LICENCE TYPE*	LENGTH OF LICENCE HELD	
							YRS	MTHS
1.								
2.								
3.								
4.								

\*Driver Type – Select from: M (main), R (Regular), N (Non driver) Licence Type – Select from 1 (Learner), 2 (Restricted), 3 (Full), 4 (International)

RATEAREA	GRADING	DOB / /	SEX M <input type="checkbox"/> F <input type="checkbox"/>	HFE Y <input type="checkbox"/> N <input type="checkbox"/>	BRK Y <input type="checkbox"/> N <input type="checkbox"/>	NAMEDRIVER Y <input type="checkbox"/> N <input type="checkbox"/>	U25 Y <input type="checkbox"/> N <input type="checkbox"/>	LOW KM Y <input type="checkbox"/> N <input type="checkbox"/>	OFFICE USE ONLY
----------	---------	------------	--	--	--	---	--	---	--------------------

## DECLARATION QUESTIONS

1. 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)? Yes  No
2. Have you or anyone else who will drive this vehicle ever indefinitely been disqualified from driving for repeat alcohol or drug related driving offences? Yes  No
3. Have you or has anyone who will drive the vehicle:
- (a) ever been imprisoned for any criminal or driving offence, or Yes  No
- (b) had any conviction or fine for either a criminal or driving offence within the last 7 years, or Yes  No
4. Have you or anyone else who will drive this vehicle ever had insurance declined, cancelled, or been refused renewal or had any special conditions imposed? Yes  No
5. Is there any other information likely to affect this insurance? Yes  No

If you have answered 'Yes', to any of the above please give full details below.

---

---

---

## POLICY EXCESS

Standard Excess \$300 Plus additional Voluntary Excess (with Premium Discount) \$200  \$700

**Please note:**

- Drivers under 25 and newly licenced drivers are subject to a standard additional excess.

POLICYX/S S <input type="checkbox"/> V <input type="checkbox"/> C <input type="checkbox"/>	\$	OFFICE USE ONLY
---	----	--------------------

## PAYMENT OPTIONS

How do you wish to pay? Annually  Quarterly\*  Monthly\*  \*Please complete the Flexisteps Pay Plan form.

## ADDITIONAL INFORMATION

Do you want to apply for NZI Roadside Assist cover? (Standard cover only) Yes  No

Do you want a Named Drivers Discount? (Up to 2 of the drivers listed on page 2 can be named – both must be aged 25 yrs or older) Yes  No

If 'Yes', please tick the two drivers chosen.

1  2  3  4

**Please note:**

- Any other drivers will be subject to an additional excess.

Do you want to exclude all drivers under the age of 25 years for a premium discount? Yes  No

**Please note:**

- This extension may not be available if we restrict cover to named drivers as part of any special terms to insure the vehicle.

Do you want to apply for the Low Km option? Yes  No

If 'Yes', what is the vehicle's current odometer reading? \_\_\_\_\_

**Please note:**

- This option is available if you are applying for Standard cover.
- If you choose this option, all drivers aged under 25 years will be excluded from cover under this policy.

## AGREEMENT

I agree that:

- 1. MATERIAL FACTS** (a) All information given to NZI (whether verbal or written) is true and correct;  
(b) All material facts have been disclosed. (See "Your Duty of Disclosure");
- 2. TERMS OF POLICY** The terms of NZI's policy are accepted;
- 3. USE OF INFORMATION** (a) My personal information collected by NZI may be:  
(i) used by NZI to advise me of its other services;  
(ii) disclosed to other members of the insurance industry and Insurance Claims Register Ltd., and to parties who have a financial interest in the subject matter of the policy;  
(b) My personal information held by other members of the insurance industry and Insurance Claims Register Ltd., may be disclosed to NZI.
- 4. AGENCY** Anyone who assists me to complete this Application Form is acting as my agent only.

**Please note:**

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, we may decline your application.
- This information is held by us and you may access it. It may be passed onto other insurers you deal with, and any financially interested party.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevents fraudulent claims.

**ON BEHALF OF ALL APPLICANTS**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Client No: \_\_\_\_\_ Pay plan: \_\_\_\_\_ 1st Period: \_\_\_\_\_

Served by: \_\_\_\_\_ 1st Inst date: \_\_\_\_\_ 1st Amount: \_\_\_\_\_

Office: \_\_\_\_\_ Receipt no: \_\_\_\_\_