

MOTOR VEHICLE APPLICATION FORM

Customer and Policy Information

Name: Date of Birth:

Real Estate Branch and Address: REINZ Licence:

Postal Address:

Ph: Mob Ph: Private Ph:

What date do you want the policy to commence:

Vehicle Details – General Questions

Year: Make: Model:

Registration: Sum Insured: Licence: Full Restricted Learners

List details of all modifications:

Does the vehicle have a Security System (to NZSA standard) if so what type:

If Financed, please advise Finance Company:

Do you wish to exclude U25's from driving your vehicle? Yes No

Have you had any motor accidents, claims or losses in the last 5 years, whether or not the subject of an insurance claim or not? Yes No

If "Yes", please give full details:

Date of Accident Description of Accident Insurance Co Total Cost

.....

Have you ever had a claim declined by an insurer? Yes No

If "Yes", please state insurer and give full details of accident:

.....

Have you;

Ever had a drivers licence endorsed, suspended, cancelled or incurred demerit points? Yes No

Ever had insurance declined or cancelled or had special terms imposed? Yes No

continued . . .

MOTOR VEHICLE APPLICATION FORM *continued*

Have you;

Ever had a drivers licence endorsed, suspended, cancelled or incurred demerit points?	Yes	No
Ever had insurance declined or cancelled or had special terms imposed?	Yes	No
Ever been indefinitely disqualified from driving for repeat alcohol or drug related driving offences?	Yes	No
Ever:		
been imprisoned for any criminal or driving offence,	Yes	No
or		
had any other conviction or fine for either a criminal or driving offence within the last 7 years,	Yes	No
or		
had any prosecution pending for any criminal or driving offence?	Yes	No

If "yes" to any of the above, please give full details below:

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 insurance company 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, or when you make any changes to it. If you fail to do this, we 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 tell us of any material changes in your circumstances after the policy starts and during the policy period.

Declaration

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

1. I/We declare that all information contained in this form and on any attachments is complete and correct.
2. I/We have disclosed all information relevant to the acceptance of the proposal, including all information as noted in 'Your Duty of Disclosure' above.
3. I/We agree that this proposal shall be the basis of the contract between me/us and Star Underwriting Agents Ltd and I/We am/are willing to accept the terms, conditions and exclusions for these insurances.
4. The sums insured represent the market value of the insurance motor vehicle which means the price You paid for the Insured Motor vehicle of the cost of replacing the Insured Motor vehicle in New Zealand whichever is the lesser amount, with one of the same make, model, specification, mileage, age and condition.
5. I/We understand that this proposal requests information about me/us which is held by the intended recipients – Star Underwriting Agents

Ltd, PO Box 97-954, Manukau City, Auckland 2241 and Lumley General Insurance (N.Z.) Ltd, PO Box 2426, Auckland 1140 to evaluate my application for insurance and service my policy. Failure to provide the information sought may result in my/our application being declined and my/our insurance being void from the beginning.

6. By signing this form I/We authorise Star Underwriting Agents Ltd and Lumley General Insurance (N.Z.) Ltd to;
 - a. Exchange information with other insurers, financial institutions who have any interest in the property insured, and the Insurance Claims Register, PO Box 474, Wellington, to assess my/our application for insurance and to place information on the Insurance Claims register which other insurers can access;
 - b. Obtain personal information held by any other party regarding my/our existing and previous insurances.
7. I/We understand that there are rights of access to and correction of information held by Star Underwriting Agents Ltd, Lumley General Insurance (N.Z.) Ltd, and the Insurance Claims Register.

You can sign the form if you have a touchscreen or you can paste your digital signature

Signed

Date