# Commercial Motor Vehicle Insurance Application Form

Insure Direct

## 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 convictions in the last 7 years or where imprisoned;
- 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)

Full Name of the Insured: _____

Address: _____

Suburb: _____ Town/City: _____

Postal address for notices: _____ Street: _____

Suburb: _____ Town/City: _____

Telephone: _____ Mobile: _____ Email: _____

Full Name and Address of Finance Company (or other interested parties): _____

Period of insurance from: _____ to: _____ at 4pm

## Payment options

How do you wish to pay? Annually Monthly

## Cover

Type of Cover: (tick cover required) Comprehensive ☐ Third Party Only

## Vehicle Details

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

Make and Model of vehicle: _____

Date of Manufacture: _____ Registration Number: _____

Market value of vehicle: GST Exclusive ($) _____

Engine size: (cc) _____ Turbo: Yes ☐ No ☐ Rotary: Yes ☐ No ☐ Supercharged: Yes ☐ No ☐

Does your car have any aftermarket accessories or modifications? Yes ☐ No ☐

If 'Yes', give full details:

_____

Have all aftermarket accessories or modifications that require certification been certified? Yes ☐ No ☐

Please tick any of the following which apply to your vehicle:

Sports or performance ☐ Convertible/Cabriolet ☐ Kitset/Replica ☐

Left-hand Drive ☐ Classic/Vintage ☐ Orphan/Exotic ☐

Does the vehicle have a car alarm or immobiliser? Yes ☐ No ☐

If 'Yes', please complete (a), (b) & (c) below:

(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:

_____

Where is the vehicle usually parked at night? Garage ☐ Driveway/Carport ☐ On Roadside ☐ Other (Specify) ☐

_____

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 (See Below) | Licence Type (See Below) | Length of licence held |
|---|---|---|---|---|---|---|---|
| | | | | | | | yrs mths |
| | | | | | | | yrs mths |
| | | | | | | | yrs mths |
| | | | | | | | yrs mths |
| | | | | | | | yrs mths |

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

## Declaration Questions

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

If 'Yes', give full details:

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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

If 'Yes', give full details:

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Have you or anyone else who will drive this 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

(c) any prosecution pending for any criminal or driving offence? Yes No

If 'Yes', give full details:

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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

If 'Yes', give full details:

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Is there any other information likely to affect this insurance? Yes No

If 'Yes', give full details:

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## Additional Benefits

***Loss of Use*** Yes No

## Agreement

I agree that:

1. ***Material Facts*** (a) All information given to Insure Direct (whether oral 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 Insure Direct's policy are accepted;

3. ***Use of Information*** (a) My personal information collected by Insure Direct may be:
(i) used by Insure Direct 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 Insure Direct.

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 mortgagees, etc.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it, and prevent fraudulent claims.

## On behalf of all applicants

Signature: _____ Date: _____