



PO Box 217-005
 Botany Junction
 Auckland 2164
 Ph: 0508-467873
 email: insurance@carsure.co.nz

Third Party Only

Your Details:

Surname: _____ First Name (s): _____

Occupation: _____ Date of Birth: _____ / _____ / _____

Postal Address: _____

Ph: Pvt (0) _____ Bus: (0) _____

Mobile: (02) _____ Email: _____

Cover to commence: _____ / _____ /20 to _____ / _____ /20

Vehicle Details:

Make and Model of vehicle: _____

Date of Manufacture: _____ Registration Number: _____ (must be provided)

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

Engine size _____ (cc) Turbo: Yes No Rotary: Yes/ No

Has the Vehicle been modified? _____ Yes/No

If "Yes", give full details _____

Details of Drivers

Full Name	Date of Birth	Sex M/F	Occupation	Phone No	Licence type	Length Held	% Driving

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

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

Have you or has any family member who lives with you:
 (a) ever been imprisoned for any criminal offence, or _____ Yes/ No
 (b) had any conviction for a criminal offence within the last 7 years, or _____ Yes/ No
 (c) any prosecution pending for any criminal offence? _____ Yes/ No

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

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.

Standard Excess \$ 500 for drivers aged 25 years or over.
 \$1000 for drivers under 25 years on Full Licence
 \$1250 for drivers under 25 years on Restricted Licence
 \$1500 for drivers on learners licence

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 (insurer) 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, expected 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 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 to know in the ordinary course of our business
- anything that reduces the risk of an insurance claim

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.

General Questions and Declaration:

Each question must be answered on behalf of You (the person applying for this insurance) and also your spouse, family members or any other person who may be covered under the insurance which is being applied for.

Have you made a claim on any type of insurance in the past 5 years?	Yes/ No
Has any insurance company ever refused to insure you?	Yes /No
Has any insurance company ever cancelled, refused to renew, or imposed special conditions on any insurance held by you?	Yes /No
Have you or has any family member who lives with you:	
(a) ever been imprisoned for any criminal offence, or	Yes/ No
(b) had any conviction for a criminal offence within the last 7 years, or	Yes/ No
(c) any prosecution pending for any criminal offence?	Yes/ No

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

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 Insurers policy are accepted;

3. USE OF INFORMATION

(a) My personal information collected by the insurer may be:

- (i) used by them 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 or Vero

gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it,

ON BEHALF OF ALL APPLICANTS

Signature: _____ Date _____ / _____

No cover will apply unless premium payment is received in FULL with completed application form:

PAYMENT - Please attach you Cheque for: \$

made payable to CARSURE Underwriters Ltd