



HomeSure Motor Proposal



Client No:

Agency:

HFC Reference:

IMPORTANT NOTES

Please read before completing this form

You have an important duty to tell us any information that may affect the acceptance of this proposal.

You must tell us all material facts.

A material fact is one which could influence us in deciding whether or not to insure you (such as convictions), and if so on what terms and conditions and for what premium. If you are not sure whether something is a material fact you should disclose it. This may include giving us information that we have not asked for directly in the questions in the proposal.

If you do not disclose all the material facts your insurance may be invalid and we may refuse to pay any claims you make.

Your duty to disclose material facts is an on-going one. You must continue to keep us informed of material facts during the course of being insured with us.

I/We understand that:

- This proposal shall form the basis of the contract with TOWER Insurance;
- I am/We are obliged to tell TOWER Insurance about any information which may be material to the consideration of this proposal;
- Failure to provide any of this information may result in TOWER Insurance refusing to provide this insurance and any claim being declined;
- TOWER Insurance is collecting the information on this proposal to evaluate my/our insurance.

CUSTOMER DETAILS

INSURED'S FULL NAME: DATE(S) OF BIRTH:

OCCUPATION:

POSTAL ADDRESS:

TELEPHONE: WORK: HOME: EMAIL:

ADDRESS WHERE VEHICLE WILL BE HOUSED:

NAME OF FINANCE CO. OR BANK:

VEHICLE DETAILS

YEAR, MAKE & MODEL:

ENGINE NUMBER: CHASSIS NUMBER:

MANUAL OR AUTOMATIC: ENGINE SIZE:

BODY TYPE (SEDAN, COUPE, UTE, VAN): REGISTRATION NO :

SUM INSURED MARKET VALUE INC. VAT: \$

WHAT IS THE PURPOSE OF USE (PLEASE TICK): PRIVATE BUSINESS IF BUSINESS, PLEASE SPECIFY TYPE OF BUSINESS:

IS THERE ANY UNREPAIRED DAMAGE ON THE VEHICLE: YES NO

WHO IS THE OWNER OF THE VEHICLE:

UNDER WHOSE NAME IS THE VEHICLE REGISTERED:

WHERE AND WHEN WAS THE VEHICLE FIRST REGISTERED?

PERIOD OF INSURANCE

FROM: / / TO: / /

COVER OPTIONS

Please indicate with a tick which option you require

Super Thrifty Protection

Basic Thrifti Protection

Windscreen/Window Glass

Passenger Risk Extension

Named Driver(s) Discount

Please tick which Voluntary excess you require: \$500

\$700

\$1,000

ACCESSORIES

Please tick

Do you have any accessory or set of accessories that were not standard with the vehicle when new valued over \$1,000 (mag wheels, stereo etc) YES NO

If you have answered YES to any of the above, please provide full details:

PLEASE ANSWER THE FOLLOWING

DRIVERS

In the last 10 years have you or any person who may drive the vehicle had:

Please tick

- (a) Any insurance cancelled or refused? YES NO
- (b) A driving licence endorsed, suspended or cancelled? YES NO
- (c) Had a motor vehicle accident? YES NO

If you have answered YES to any of the above, please provide full details:

Please complete the following details of all drivers of the vehicle:

DETAILS OF ALL DRIVERS, PLEASE STATE FULL NAME AND TITLE (MR, MRS, MISS MS)	DATE OF BIRTH	YEARS LICENCED	CLASS OF LICENCE	% OF USE

OFFICE USE ONLY

ENDORSEMENTS: REPLACING:

COVERNOTE: CAMPAIGN:

PREMIUM: Please tick Annual Quarterly Monthly

COY PREMIUM	OPT BENEFITS	STAMP DUTY	ADMIN FEE	ANNUAL PREMIUM	INST AMOUNT
\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>	\$ <input style="width: 80px;" type="text"/>

CLAIMS DECLARATION

During the last 10 years have you or any person who may be driving the vehicle had a motor vehicle accident or claim?

Please tick YES NO

DETAILS	INSURANCE CO	AMOUNT	DRIVERS NAME	BONUS LOST?

PREVIOUS INSURANCE COMPANY DETAILS:

Company Name:

Address:

Customer Ref: Expiry Date: Vehicle Details:

DECLARATION

Please complete carefully before signing. Where any question is answered NO, then further details are to be provided in the box below headed "Exceptions to this declaration".

- Please tick YES NO
- (a) Have you told TOWER Insurance everything which is likely to affect the acceptance of this insurance? YES NO
 - (b) Have all insurers which you have dealt with:
 - agreed to insure you and your property at all times on standard terms? YES NO
 - offered renewals? YES NO
 - accepted all claims you have made? YES NO
 - (c) Do you confirm over the last 5 years you have not suffered loss or damage to any property owned by you other than that disclosed in this proposal? YES NO
 - (d) Is the vehicle to be insured well maintained and free from any damage or inherent fault? YES NO
 - (e) Does the sum insured represent the full market value of the vehicle insured? YES NO
 - (f) Do you confirm that you have not committed any criminal offences or been charged or convicted of any criminal offence (other than traffic or parking infringements) or been declared bankrupt during the last 10 years? YES NO
 - (g) Is all the information given in this proposal correct in every respect? YES NO
 - (h) Are you aware that if you choose not to provide any information requested on this form, TOWER Insurance may decline your application for insurance? YES NO

Exceptions to this declaration:

I/We confirm that I/we have read and understood all the questions and answers on this proposal and that where it has been completed on my/our behalf by another person such as an agent/or employee of TOWER Insurance, I/we have read and confirm all the information provided is correct. Where this proposal is not signed by all insured parties, I confirm that I am authorised to sign this declaration and provide the authorities on their behalf.

Insured's signature(s)
Date