

DRIVEASY private motor vehicle insurance proposal

Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 3939, Auckland 1140, New Zealand, Tel 0800 300 133, Fax 09 308 1115

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 insurer 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, and 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 also tell us about any material changes in your circumstances after the policy starts and during the policy period.

Privacy

- 1 The personal information you provide in this proposal will be held by Lumley General Insurance (N.Z.) Ltd at Lumley Centre, 88 Shortland Street, Auckland Central.
- 2 Our collection of this information is part of your duty of disclosure at law to us, and is compulsory.
- 3 If you fail to provide it, we may choose not to insure you.
- 4 You have rights of access to the personal information, and correction of it, under the Privacy Act 1993.

Insured details

Insured(s) full name:		
<hr/>		
Insured(s) full name:		
<hr/>		
Residential address:		
<hr/>		
Postal address (if different from above):		
<hr/>		
Private phone:	Mobile:	Business phone:
<hr/>	<hr/>	<hr/>
Other policies with Lumley? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:		
<hr/>		
Period of insurance:	Start date: / /	Review date: / /
<hr/>	<hr/>	<hr/>

General questions

1 Have You or any other person to be covered under this policy or any person who may benefit from this insurance:	
(a) Ever had insurance voided, refused, cancelled, renewal not offered, special conditions imposed or a claim declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(b) Ever withdrawn a claim?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(c) Ever had any conviction not subject to the 'clean slate scheme' under the Criminal Records (Clean Slate) Act 2004 or currently have a pending prosecution for a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Ever been involved in criminal activity or had criminal associations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2 Is the vehicle used for anything other than private purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Is there any further information that may affect the acceptance of this insurance? (For example – bankruptcy or insolvency; flood; hazardous processes; or any circumstances giving greater than normal risk of loss. Note: this is not an exhaustive list.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Are any of the vehicles owned by or registered in the name of any person other than the Insured?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes to any of the above please provide full details below (including date, circumstances):	
<hr/>	
<hr/>	
<hr/>	
5 Previous insurer:	<hr/>

Vehicle 1 details

Select one of the following types of cover for your Private Motor Vehicle Insurance: Full Cover Third Party, Fire and Theft Third Party Only

Vehicle type: Car Trailer Caravan Other (please specify): _____

Year: _____ Make, model and type (e.g. Mitsubishi Lancer Evolution): _____

cc rating: _____ Reg. no.: _____ Sum Insured (incl modifications): \$ _____

Interested parties: _____

Address where vehicle will normally be kept: _____

Vehicle excess: \$250 minimum \$500 \$1,000 (Note: additional Excesses may apply)

Turbocharged petrol, rotary or supercharged? Yes No

Modifications (By modifications We mean any change to the vehicle that is different from the manufacturer's original specification or recommendation. Examples include: engine, steering, suspension, bodywork, interior including seats, steering wheel, gear knob, pedals, wheels or tyres, exhaust system, a changed sound system with a market value of over \$1,500.)

Sound system over \$1500 \$ _____

Mag wheels \$ _____

Other Modifications Yes No

If Yes, please complete the Modification Questionnaire

Vehicle 2 details

Select one of the following types of cover for your Private Motor Vehicle Insurance: Full Cover Third Party, Fire and Theft Third Party Only

Vehicle type: Car Trailer Caravan Other (please specify): _____

Year: _____ Make, model and type (e.g. Mitsubishi Lancer Evolution): _____

cc rating: _____ Reg. no.: _____ Sum Insured (incl modifications): \$ _____

Interested parties: _____

Address where vehicle will normally be kept: _____

Vehicle excess: \$250 minimum \$500 \$1,000 (Note: additional Excesses may apply)

Turbocharged petrol, rotary or supercharged? Yes No

Modifications (By modifications We mean any change to the vehicle that is different from the manufacturer's original specification or recommendation. Examples include: engine, steering, suspension, bodywork, interior including seats, steering wheel, gear knob, pedals, wheels or tyres, exhaust system, a changed sound system with a market value of over \$1,500.)

Sound system over \$1500 \$ _____

Mag wheels \$ _____

Other Modifications Yes No

If Yes, please complete the Modification Questionnaire

Intended drivers' details

	Given names	Surname	M/F	Full N.Z. licence more than 1 year	Date of birth	% use of vehicle	
						Vehicle 1	Vehicle 2
1				Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	%	%
2				Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	%	%
3				Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	%	%
4				Yes <input type="checkbox"/> No <input type="checkbox"/>	/ /	%	%

If the principal driver is under 25 years of age, there is no cover while the Vehicle is being used by any person who is under the age of 25 years other than those listed as 'Intended Drivers' on the Schedule.

Named driver only option? (Available to two drivers only - both must be aged 25 years or older and Grade 1 or better) Yes No

If Yes, which two drivers from above? Vehicle 1: Drivers # _____ and # _____ Vehicle 2: Drivers # _____ and # _____

Exclude drivers under 25 years: Vehicle 1: Yes No Vehicle 2: Yes No

Have you or any of the intended drivers, in the past 5 years:

1 (a) Been involved in any motor accident? Yes No

(b) Had a vehicle or its accessories stolen or burnt (whether an insurance claim was made or not)? Yes No

2 Been convicted of or charged with any driving offence (including speeding) or been issued with an offence or infringement notice (other than parking)? Yes No

3 Had their licence cancelled, suspended, or endorsed, or been disqualified from driving? Yes No

If Yes to any of the above, please give details (including driver number, date, circumstances, value):

Declaration

To be completed by the Insured(s) shown and also on behalf of any other person to be covered by this insurance.

I declare that:

- 1 All information contained in this proposal and on any attachment is complete and correct;
- 2 I have disclosed all material facts to Lumley (see Your Duty of Disclosure above);
- 3 I agree that this proposal shall be the basis of the contract between me and Lumley and I am willing to accept the terms, conditions and exclusions of this insurance;
- 4 I am authorised to complete this proposal on behalf of all people to be covered by this insurance and they give the same declarations

By signing this form I authorise Lumley to:

- 1 Check our details on the Insurance Claims Register and place our claims information on the Insurance Claims Register which other insurers can access;
- 2 Disclose our personal information about this insurance to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance;
- 3 Obtain our personal information held by any other party regarding my/our existing and previous insurances.

Signature of Insured(s):	Date: / /
Signature of Insured(s):	Date: / /

For Office Use Only

Code	Item	Registration	Grade	Premium
	Vehicle 1			\$
	Vehicle 2			\$
Policy Number:			Total Company Premium:	\$
Customer Number:			Fire Service Levy:	\$
Branch:			GST:	\$
Agency Number:			Total Premium:	\$