

Motor Vehicle Quotation Form

AIB AUSTRALIA

APPLICANT DETAILS		
Names of Insured in full	Name	Date of Birth
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
If different from Registered Owner please advise name of Registered owner and relationship		
Name	<input type="text"/>	
Tax Status	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN: <input type="text"/> Taxable: <input type="text"/> %
Insured's Phone	<input type="text"/>	Email <input type="text"/>
Postal Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Finance Company Name	<input type="text"/>	
Address	<input type="text"/>	
	<input type="text"/>	Postcode <input type="text"/>
Type of Finance	<input type="checkbox"/> Lease <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Unsecured Loan <input type="checkbox"/> Secured Loan	
Period of Insurance	From: <input type="text"/>	To: <input type="text"/>

COVER REQUIRED	
Cover	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> Third Party Only
Insured basis	<input type="checkbox"/> Market Value <input type="checkbox"/> Agreed Value
	Value required <input type="text"/> \$

OPTIONAL EXTENSIONS	
	<input type="checkbox"/> Removal of Basic Excess for Windscreen Claims <input type="checkbox"/> Protected NCB (if Rating 1)
	<input type="checkbox"/> Removal of Basic Excess All Claims (if available) <input type="checkbox"/> Hire Car Costs Following Accident
	<input type="checkbox"/> Increase Basic Excess (if selected, to what amount) <input type="checkbox"/> Restricted Driver Policy Only
Amount	<input type="text"/> \$
Vehicle Use	<input type="checkbox"/> Business <input type="checkbox"/> Private
Occupation/Use	<input type="text"/>
Address where vehicle is kept at Night	<input type="text"/>
	<input type="text"/> Postcode <input type="text"/>
How Kept	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Driveway <input type="checkbox"/> Street

VEHICLE DETAILS

Rego No.	<input type="text"/>	VIN	<input type="text"/>
Colour	<input type="text"/> <input type="checkbox"/> Metallic Paint	Engine Number	<input type="text"/>
Year	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>	Type	<input type="text"/>
Transmission	<input type="checkbox"/> Auto <input type="checkbox"/> Manual	Drive	<input type="checkbox"/> 4x4 <input type="checkbox"/> 2x4
Engine Type	<input type="checkbox"/> 4cyl <input type="checkbox"/> Petrol <input type="checkbox"/> Petrol Turbo		
	<input type="checkbox"/> 6cyl <input type="checkbox"/> Diesel <input type="checkbox"/> Diesel Turbo		
	<input type="checkbox"/> 8cyl <input type="checkbox"/> LPG		
Security	<input type="checkbox"/> Alarm only <input type="checkbox"/> Alarm/Immobilizer <input type="checkbox"/> No Security		
Condition of Vehicle	Does vehicle have any pre existing damage – if yes please advise type of damage		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>		

Accessories	Value	Modifications	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Purchase Price	<input type="text"/> \$	Purchase Date	<input type="text"/>
Current Insurer	<input type="text"/>	Policy Number	<input type="text"/>
No Claim Bonus Entitlement	<input type="text"/>	Due Date	<input type="text"/>

Driver Details	Driver 1	Driver 2	Driver 3	Driver 4
Name of Driver	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
% of Use	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NCB %	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Yrs Max NCB Held	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Male/Female	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Licensed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCIDENT, CLAIMS AND PERSONAL DETAILS

All questions must be answered by and in respect of each of the drivers and insured persons.

- 1) During the last 5 years, have you or any person who will regularly drive your vehicle:
- a) had any fines or penalties imposed for a traffic offence, other than a parking fine; Yes No
 - b) been convicted of any driving related alcohol or drug offences; Yes No
 - c) had a driver's licence cancelled or suspended or been disqualified from holding a driver's licence for any period; Yes No
 - d) been responsible for causing any motor accident; Yes No

ACCIDENT, CLAIMS AND PERSONAL DETAILS (continued)

- e) had any other incidents involving vehicle damage or vehicle theft? Yes No
- 2) Have you or anyone being covered by this insurance, been convicted of any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property during the last 10 years? Yes No
- 3) Have you been declared bankrupt and not been discharged for at least one year? Yes No
- 4) During the last 5 years, has any insurer refused to insure any motor vehicle for you or any person who will regularly drive your vehicle? Yes No

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SUPPLY FULL DETAILS, DATE, CIRCUMSTANCES, AMOUNTS, ETC

You can obtain your driving record from the licensing authority in your State.
If insufficient space, please provide additional details on a separate page.

Date of incident	Name	Full Details of event
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

SIGNATURE & DECLARATION

I/We declare that
The information in this application is true and correct and I/We have not withheld any relevant information.
I/We understand that any statement made in this application will be treated as a statement made by all of the people insured.

Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
Signature of Applicant	<input type="text"/>	Date	<input type="text"/>