

IJD Insurance Brokers Motor Vehicle Quotation Slip

Today's date / /		Date cover required: / /		Registered Use: Business <input type="checkbox"/> Private <input type="checkbox"/>	
Type of Cover Required: Fire & Theft Cover (TPPD Only) YES <input type="checkbox"/> NO <input type="checkbox"/> Third Party Only <input type="checkbox"/> Agreed Value <input type="checkbox"/> Market Value <input type="checkbox"/> Purchase Price \$ (inclusive of the value for optional extras & accessories)					
Applicant		Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>			
First Name					
Family Name					
Company Name					
Contact telephone numbers:	Work Tel:	Mobile No:		Home:	
	Email:				
Vehicle's overnight garaging address: Suburb:.....State:.....Postcode:					
Has an intended driver lost their Licence in the last 5 years: YES <input type="checkbox"/> NO <input type="checkbox"/> OR ever had any Insurance cancelled or declined YES <input type="checkbox"/> NO <input type="checkbox"/>					
Make					
Model					
Year of Manufacture		Colour:			
Body Type					
Turbocharged		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Supercharged		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Vehicle Use		Private <input type="checkbox"/> Business: <input type="checkbox"/>			
Transmission		Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Please tick.			
Accessories & Values					
VIN or Engine Number:		Registration Number:			
Name of Registered owners					
Details of security system					
Yearly distance travelled per year		Up to 5,000 km <input type="checkbox"/> 15,000 km <input type="checkbox"/> 20,000 km <input type="checkbox"/> More than 20,000 km <input type="checkbox"/>			
Current No Claim bonus		Previous Insurer			
Type of finance		No finance <input type="checkbox"/> Lease <input type="checkbox"/> Hire purchase <input type="checkbox"/> Other secured Loan <input type="checkbox"/> Please specify :			
Finance Company					
Address (if known)		Suburb:.....State:..... Postcode.....			
Drivers details:		DOB	Claims	Driving Convictions	Years Licensed
		/ /	YES <input type="checkbox"/> NO <input type="checkbox"/>		
		/ /	YES <input type="checkbox"/> NO <input type="checkbox"/>		
		/ /	YES <input type="checkbox"/> NO <input type="checkbox"/>		

Upon completion of this quotation request please forward it to ijid@ijid.com.au or fax 0299982799
 Submission of this request does not constitute activation of insurances or acceptance of risk.
 One of our advisors will contact you shortly to discuss your insurance options and costs in relation to the information you have provided

All information collected is used for the express purpose of advising and assisting you with this insurance request. If you would like further information regarding our commitment to protecting your privacy please contact our office or access our Privacy Policy via our website