

INSURANCE APPLICATION

PH: 1300 888 156 FAX: 1300 729 190

Introducer Name:.....Date:../.../.....

Ph:().....Fax:().....Mob:.....

Client Name:.....D.O.B../.../.....

Address: P/C.....

Phone: Mob/Bus: ().....AH:().....

Type of Insurance Cover: Gap Comprehensive Vehicle

Expected Delivery Date: URGENT Yes No

Description of Vehicle:

Purchase

Price:\$.....Year:.....

Make:.....Series (eg. GXL, CSi).....

Model:.....Shape (eg. Sedan, Utility).....

Rego:.....Engine.....V/N.....

Use: Personal Business Financier:

Clients 60% No Claim Bonus (please tick): - Confirmation to be forwarded at inception

10% 30% 50%

20% 40% 60%

Insurance claims history over last 5 years

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Driving history – infringements issues over past 5 years

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