

SHIELD PRIVATE MOTOR VEHICLE PROPOSAL

YOUR DETAILS

Name(s) in full (Joint if applicable)		First name/s		Surname	
1. Mr/Mrs/Miss/Ms/Other					
2. Mr/Mrs/Miss/Ms/Other					
Residential Address					
Postal Address (if different from above)					
Email		Occupations 1		2	
Date(s) of Birth of main proposers 1		□□/□□/□□□□		2 □□/□□/□□□□	
Telephone – Private ()		Business ()		Mobile ()	
When do you need cover		From start date		To At 4pm and renewable annually	
How do you wish to pay		Annually		Monthly (please complete a separate form if paying monthly)	

VEHICLE DETAILS

Type of Vehicle						Car	Van	Ute	Caravan	Trailer
Vehicle	Year	Make & exact Model			CC Rating	Registration Number		Market Value		
1										
2										

NB: if your vehicle is a caravan, the market value must include the value of the awning

Are either of the vehicles:

a	turbo-charged, supercharged, V8 or V12	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b	registered in a name other than yours?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
c	under hire purchase, finance or lease?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
d	already damaged or have any defects	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
e	are there any additional Alarms or immobilisers fitted to the vehicle	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
f	modified in any way? A modification includes (but isn't limited to) changes or enhancements to the: engine, exhaust system and suspension; seats and steering wheel; panels or paint work; size and type of wheels and/or size of tyres	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have answered "Yes" to any of the questions above, please provide full details and identify which vehicle:

Vehicle 1:	
Vehicle 2:	

Accessory Cover

Are either of the vehicles equipped with accessories (excluding Manufacturers standard fittings) with a total value over \$1,000? This includes fitted entertainment, communications and navigation systems; child restraints/seats; tools and breakdown equipment purchased by you to repair your vehicle; car seat covers; first aid kit, torch, fire extinguisher, maps; and other equipment (not otherwise defined) permanently fitted to the vehicle.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If you have answered "Yes", please provide full details:
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Accessory Type		Market Value
Vehicle 1:		
Vehicle 2:		

DRIVER DETAILS

Full Name (Principal driver first)	Date of Birth	Occupation	Licence Type	Years Held	Drives vehicle 1 or 2	% of usage
1						
2						
Youngest Driver	Date of Birth	Occupation	Licence Type	Years Held	Drives vehicle 1 or 2	% of usage
1						



Have you or any person who may drive the vehicle:

a had any accidents or losses in the last 5 years? Yes No

Please list all accidents in the section below, whether or not the subject of an insurance claim, in the past 3 years. In insufficient space please attach a separate listing.

Table with 6 columns: Name of Driver, Date of Accident /Loss, Brief Details, Third Party Costs, Own Costs, Did you recover your own costs

b ever had an uncorrected defect in vision or hearing, physical or mental infirmity, or suffered from diabetes, epilepsy or any heart complaint? Yes No

c had any special conditions imposed on a motor policy? Yes No

d had a driving licence endorsed, cancelled or any special conditions imposed? Yes No

INSURANCE HISTORY AND NO CLAIMS BONUS

Name of Present/Previous Insurer Policy Number

Expiry Date How many years No Claims Bonus are you claiming Years

(You must provide evidence from your insurer (not broker) to confirm your entitlement to No Claims Bonus earned in your own name)

Have you ever had a claim declined by an Insurer? If so state Insurer and all details of the accident.

e been convicted of or fined for a motoring offence (or have any pending) in the last seven years Disclosure is only required as per the Criminal Records (Clean Slate) Act 2004 Yes No

f have any pending prosecutions Yes No Please include speeding offences but you may ignore parking offences.

If you have answered "Yes" to any of the above questions, please provide full details and dates:

Table with 2 columns: Driver Number, Details

COVER REQUIRED

Table for vehicle cover options with columns for Vehicle 1 and Vehicle 2, and sub-columns for Private, Business, Full, Third Party Only, and Third Party Fire and Theft.

Additional Options: (Options a, b, c & d are only applicable where your vehicle is insured comprehensively) Do you:

a want to restrict drivers to two persons over the age of 25 to reduce premiums? Yes No Which of the drivers detailed overleaf? (An additional excess will apply to drivers not nominated) 1 2 3

b want to exclude drivers under the age of 25 years and reduce Premiums?(This is only available where the main driver is over 25) Yes No

c Have a No Claims discount? Yes No Please attach your last renewal notice or proof of discount entitlement from your previous insurance company Number of years entitlement

d want to increase the standard \$300 excess to save on premium? Tick excess required: \$300 \$500 \$1000

QUESTIONNAIRE AND DECLARATION

1 Have you or your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:

a In the last ten (10) years:

i Been subject to lawsuit or a legal liability claim? Yes No

ii Been Bankrupt Yes No

b Ever:			
i	Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined?	Yes	No
ii	Engaged in any criminal activity or had any criminal convictions, acquittals or diversions or have any criminal prosecutions pending?	Yes	No
2 Is they any further information likely to affect this insurance		Yes	No
If you have answered "Yes" to any of the above questions, please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s), where applicable)			
<p>Your Duty of disclosure You have a duty to tell Certain Underwriters at Lloyd's of London any information which would influence the Certain Underwriters at Lloyd's of London's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Certain Underwriters at Lloyd's of London may avoid you insurance cover from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.</p> <p>I/we declare that: 1. The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance 2. This Proposal shall be the basis of the contract between me/us and Certain Underwriters at Lloyd's of London, and I am/we are willing to accept cover subject to Certain Underwriters at Lloyd's of London policy conditions and any special terms they may require.</p> <p>I/we authorise: Certain Underwriters at Lloyd's of London to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.</p> <p>I/we understand that: 1. The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Certain Underwriters at Lloyd's of London represented by Herbert Insurance Group Limited, 1 Queen Street, Auckland. 2. Certain Underwriters of Lloyd's of London may refuse to provide the insurance cover if I/we fail to provide the information sought. 3. I/we have certain rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.</p>			
Signed – (Signatures of Proposers)		Dated	