

Motor Insurance Application

Broker _____

Policy Number _____

- Cover**
- WA
 - WA Extra
 - WA Casco L
 - WA Casco S
 - WA Casco 1 (1 year new value)
 - WA Casco 3 (3 year new value)

Inception Date _____

Period Year 6 months

Liability Limit 150,000 Other, _____

VIP Service Yes No

I. General Information

Name Policyholder

Telephone / Mobile No.

Address

Email

II. Driver Information *(for multiple drivers please attach copy of all drivers' licenses and use separate application forms)*

Name Regular Driver

Date of Birth

Profession

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A. How many at-fault accidents have you had in the last 3 years? _____

B. Are you entitled to a No-Claim Discount? Yes No

If yes, how much? _____ % WA _____ % Casco *(original No-Claim letter required)*

C. Do you have any physical disability, visual or hearing impairment or chronic ailment? Yes No

If yes, please give details _____

D. Has an insurer ever declined your proposal, refused renewal or cancelled your insurance? Yes No

If yes, please give details _____

III. Vehicle Information

Make

Type

License #

Year

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VIN #

Color

Seats

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Use/Type of Vehicle Private Business Taxi Other _____

New Car List Value ANG/AWG _____ Beneficiary (Casco) _____

Is your vehicle equipped with an Immobilizer Key System or better Anti Theft Device (Casco)? Yes No

I/We declare that the statements and particulars given in this proposal are, to the best of my/our knowledge and belief, true and complete, and that withholding information or supplying false or incomplete information may render the agreement void.

Date _____

Signature Policyholder _____