

QUOTATION APPLICATION FORM



Please complete & fax to 0800 638 544



This application authorises Platinum Auto Insurance (PAI) to quote on my/our insurance and on acceptance appoints them as our vehicle insurance broker with immediate effect. This appointment shall continue until such time it is terminated, in writing, by either party. This authority replaces and revokes any previous authorities given, or implied, to any agent, or broker, previously handling my/our vehicle insurance. I/we acknowledge that the insurers with whom PAI place our insurance may provide consideration to them for doing so. PAI will receive a service margin and commission from the insurer on placement of the insurance. Brokerage is fully earned at time of placement (in accordance with the terms expressed in the cover provided). Refer to the PAI website for full policy terms and conditions and the range of services to be undertaken by them as my/our insurance broker. **DUTY OF DISCLOSURE**—You must tell us all information you know, or could be expected to know, that could influence our acceptance of this proposal & the terms & price for which we provide insurance cover. If you fail to do so then you may find that you never had cover under an agreement with us. If unsure, disclose, any information provided will be treated confidentially.

THE INSURED						
Insured Name: _____			Date of Birth: _____			
Type of Licence Held: _____			Time Licence Held: _____			
Email Address: _____			Best contact Number: _____			
Postal Address: _____						
Vehicle's Street Address: _____			Country First Registered In: _____			
Interested Party: _____			Date Insurance to Start: _____			
VEHICLE DETAILS						
YEAR	MAKE	MODEL	CC	REG.NO	PURCHASE PRICE	
Vehicle: New <input type="checkbox"/> Used <input type="checkbox"/> Type of Use: Private <input type="checkbox"/> Business <input type="checkbox"/> Policy Duration: 1 yr <input type="checkbox"/> 2 yr <input type="checkbox"/> 3 yr <input type="checkbox"/>						
If Petrol-Powered, is it Turbocharged?: Yes <input type="checkbox"/> No <input type="checkbox"/> GAP Yes <input type="checkbox"/> No <input type="checkbox"/> 24 Hr Roadside Assistance Yes <input type="checkbox"/> No <input type="checkbox"/>						
Where Vehicle Kept (circle one): Alarmed Garage, Locked Garage, Secure Storage, Locked Carpark, Locked Compound, Carport, Driveway, Street .						
Approximate Kilometres Travelled Each Year: Under 10,000 <input type="checkbox"/> 10,000 — 25,000 <input type="checkbox"/> Over 25,000 <input type="checkbox"/>						
Do you wish to Exclude from Cover All Drivers Under 25 Years? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Payment by: Credit Card* <input type="checkbox"/> Direct Credit <input type="checkbox"/> via Dealer <input type="checkbox"/> By Monthly Instalment <input type="checkbox"/>						
<small>* An additional service fee of 2.4% applies to Visa and Mastercard payments, and 3.0% applies to American Express payments.</small>						
DRIVER DETAILS: NAME ANY OTHER PERSON/S WHO TO YOUR KNOWLEDGE WILL DRIVE THIS VEHICLE						
Given Name	Surname	Date of Birth	% of Use	Type of Licence e.g. Full NZ	Country of Issue	Years Licence Held
Have you or any intended drivers ever been or had: <ul style="list-style-type: none"> ▪ convicted drunk-in-charge (DIC) of a motor vehicle in the last 7 years? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ been disqualified from holding a driver's licence or had your licence suspended in the last 7 years, or are you aware of any circumstances where either of these is pending? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ fined or convicted for any criminal offence or traffic offence in the last 7 years, other than exceeding the speed limit or parking? Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ ever had any insurance company at any time decline insurance for you, cancelled, or refused to renew any policy: Yes <input type="checkbox"/> No <input type="checkbox"/> ▪ any vehicle insurance claims (excluding glass) in the last 5 years? Yes <input type="checkbox"/> No <input type="checkbox"/> If you have answered YES to any of the above please give details below: _____ _____						

- To be completed by the insured and also on behalf of any other person covered by these insurances;
- 1/ I/We declare that all information contained in this form and on any attachments is complete and correct.
 - 2/ I/We have disclosed all information relevant to the acceptance of this proposal.
 - 3/ I/We agree that this proposal shall be the basis of the contract between me/us and Star Underwriting Agents Ltd T/A Prestigio Insurance for and on behalf of Lumley General Insurance NZ Ltd as underwriters. I/We are willing to accept the terms, conditions and exclusions for these insurances.
 - 4/ I/We understand that this proposal requests personal information about me/us which is held by Platinum Auto Insurance and its agents, associated entities and underwriters to evaluate my/our application for insurance. Failure to provide information sought may result in my/our application being declined or voided from the beginning.
 - 5/ I/We understand that by signing this form we agree that cancellation of insurance subsequent to this at any time other than at the annual renewal date will incur a 20% cancellation fee of the balance of premium paid but not less than a minimum cancellation fee of \$50.00 plus GST and collection costs.
 - 6/ By signing this form I/We authorise Platinum Auto Insurance and its agents and associated entities and the underwriters to;
 - (a) Check details against the Insurance Claims Register and to place information on the same register which other insurers can access.
 - (b) Disclose personal information to other members of the insurance industry and/or parties who have a financial interest in the subject matter of this insurance.
 - (c) Obtain personal information held by any other party regarding my/our existing and previous insurances.
 - (d) Access and correct information held by Platinum Auto Insurance, the underwriters and the Insurance Claims Register.

Insured Signature _____ **Date** ____/____/____