

Application Details

Please answer or tick each question on behalf of all people to be insured. If You need more space to answer questions, please attach a separate sheet of paper and sign each page accordingly.

1. Your Personal Details

Full name of Proposer

Address

Occupation or Business

Date of Birth

Phone (business)

Phone (Private)

Email Address

Are you the registered owner of the vehicle? Yes No

If No, who is the registered owner?

Name of Finance Company

Are you a current car club member Yes No

If YES, name of club

How did you hear about LSV? Yellow Pages Insurers Hotline Magazine Car Club Other

Your information in this area is very important to us.

2. Cover Required

Period of Insurance From / / to / / at 4.00pm, Local Standard Time

Type of Cover

Comprehensive Restoration/Laid Up Third Party Property Liability, Fire & Theft Third Party Property Liability

Vehicle Use

Private Business

Do you carry goods/tools in conjunction with your business? Yes No

If Yes, please describe

3. No Claim Bonus and Rating Entitlement

What is your current No Claim Bonus or Rating entitlement?

With which Insurance Company?

Policy Number

You must supply written evidence of your current NCB/Rating entitlement or cover will not proceed

4. Vehicle Details

Year

Make

Model

Registration number

Vin/Chassis number

Engine number

Number of Cylinders

Engine Capacity/Litres

Number of Kilometres driven annually

Body Type (Sedan, Coupe, Hatch, Convertible, 4X4, Wagon)

Turbo Charged Yes No Supercharged Yes No Left Hand Drive Right Hand Drive

Date Purchased

Purchase Price

Current Value

(i.e. what approx, could the car be sold for including all extras/modifications)

Please indicate the current condition of your vehicle

As New Very Good Good Average Needs Restoration

Has the vehicle any un-repaired damage? Yes No

If YES, please give details

How often is the vehicle driven?

Daily/Commuting Regular Use Twice Weekly Twice Monthly

Overnight the vehicle is in:

Locked Garage Car Port Driveway Backyard Security Parking Street Parking

Other (please explain)

At Address

During the day the vehicle is regularly parked

Garage Shopping Complex Security/Company Car Park Train Station Street

Other (please provide details)

List details of all non-factory modifications and/or accessories and their approximate values

5. Anti Theft Devices

List details/make of Anti-Theft Devices fitted to the vehicle

Do they comply with AS/NZS 4601:1999/Amdt 1:2003 Yes No Are they working? Yes No

6. Drivers

List all drivers including yourself

Drivers full name	Sex (M/F)	Date of birth	Relationship to Insured	Drivers licence number	Class/Type of Licence	Number of years Licensed in Aust.	Estimated % of total use by each driver
1			Insured				
2							
3							
4							

7. Driver History Details

You must provide us with up-to-date detailed information in respect of all the following questions now and prior to all subsequent renewals. Failure to do this may prejudice future claim payments.

In the last 5 years from today, have any of the drivers named above:

- (i) Had any motor vehicle accidents or loss or a vehicle burnt or stolen? Or any other losses or claims involving a motor vehicle?
- (ii) Made a claim under a motor vehicle insurance policy?
- (iii) Had any claim refused?
- (iv) Had insurance of any kind, or renewal of insurance of any kind, declined or cancelled, or had any special terms, conditions or excesses imposed?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| (v) Had any driving or motor cycle licence endorsed, cancelled or suspended? | <input type="checkbox"/> | <input type="checkbox"/> |
| (vi) Had any speeding fines, on the spot fines, traffic camera fines or any other motoring related fines excluding parking, which resulted in a conviction or in respect of which a penalty was imposed or the driver lost demerit points? If you are unsure, please contact your State Licensing Authority. | <input type="checkbox"/> | <input type="checkbox"/> |
| In the past 10 years from today, have any of the drivers named above: | | |
| (vii) Been charged, summonsed or convicted in connection with any of the following? | | |
| • actual or threatened damage to property including arson or malicious damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| • fraud, embezzlement, misappropriation? | <input type="checkbox"/> | <input type="checkbox"/> |
| • injury or harm to any person? | <input type="checkbox"/> | <input type="checkbox"/> |
| • theft or dishonesty of any kind? | <input type="checkbox"/> | <input type="checkbox"/> |
| • criminal offences? | <input type="checkbox"/> | <input type="checkbox"/> |
| • illegal drugs or substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| (viii) Been declared bankrupt, or been a director or officer of a company which has been placed in liquidation or had a receiver, administrator or liquidator appointed, or had a judgement ordered against them? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions have been answered yes, please provide details in the space below, or on a separate sheet.

Date	Name of driver	Full details of Accident, Loss, Convictions, Speeding Fines etc	Amount of Loss/ Fine	Insurance Company
/ /				
/ /				
/ /				

Do any of the drivers named overleaf:

- | | | |
|--|--------------------------|--------------------------|
| (i) Have any physical defect, sight or hearing impairment or other medical condition likely to affect their driving ability? | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) Regularly take drugs, including prescription drugs, which may affect their driving ability? | <input type="checkbox"/> | <input type="checkbox"/> |

If any of the above questions have been answered yes, please provide details in the space below

Date	Name of driver	Full details
/ /		
/ /		

8. Declaration

By signing this Application Form, You hereby declare that:

- You acknowledge that You have read the notice explaining Your duty of disclosure at the beginning of this Application Form;
- You have read and checked any answers not completed in Your handwriting and to the best of Your knowledge and belief all the answers to the questions in this Application Form are true and correct and no information, has been withheld;
- all the disclosed particulars are true and correct; and
- You agree to be bound by the terms and conditions of the Policy wording which relates to this Application Form that has been made available to You.

You also consent to:

- the use of Your personal information for the purposes shown in Our Privacy Policy;
- the disclosure of Your personal information to, and obtaining information from, other parties as shown in the Privacy Policy; and
- the exchange of information about Your claim/s or insurance history with other insurers or credit reference bureau.

You also confirm that if You have disclosed personal information about any other person, We understand that You will advise them that You have:

- disclosed to Us the personal information about that person and give Us consent to use it for the purposes shown in the Privacy Policy; and
- consented to disclose to and obtain any other information about that person from other parties including those shown in the Privacy Policy.

Your signature

Date (dd/mm/yyyy)