



PRESTIGE MOTOR VEHICLE QUOTATION REQUEST FOR DIRECT CLIENTS

From: _____	Fax No: _____
Contact Name: _____	Phone No: _____
Email: _____	Date: _____

Client Name: _____
 Vehicle Year/Make/Model: _____
 Modifications: _____
 Accessories: _____

Transmission: Manual Automatic Tiptronic

Type of Cover Requested: Comprehensive (*Unlimited kms*)
 Comprehensive 'Limited Kilometres' (*Limited to 5,001-8,000 kms per year*)
 Comprehensive 'Low Kilometres' (*Limited to 0 – 5,000 kms per year*)

Agreed Value: \$ _____

If Purchased in Last 12 months: Purchase Price: \$ _____ Purchase Date: _____

No Claim Bonus or Rating No: _____

Use of Vehicle: Private Business Occupation: _____

Finance: No Yes Financier: _____

Suburb where vehicle is left overnight: _____ or Postcode: _____

Parked overnight in: Garage Carport Driveway Other: _____

(Overnight street parking at or near the nominated parking facility is not acceptable.)

Security Device Fitted? No Yes If yes, details of immobiliser or tracking system: _____

Name of Driver 1: _____	% of Use: _____	Date of Birth: _____
Name of Driver 2: _____	% of Use: _____	Date of Birth: _____
Name of Driver 3: _____	% of Use: _____	Date of Birth: _____
Name of Driver 4: _____	% of Use: _____	Date of Birth: _____

(Please provide a separate page containing information as above if more drivers to be noted.)

Note: 1. Drivers less than 25 years of age not acceptable (30 in some cases).

2. Approved drivers must be licensed in Australia or New Zealand (provisional licenses excluded).

In the **LAST THREE (3) YEARS** have any of the above drivers had any accidents, vehicles stolen or burnt, or any other losses involving a vehicle where an insurance claim has been made? NO YES

In the **LAST THREE (3) YEARS** have any of the above drivers committed any traffic offences which have resulted in a conviction or for which a penalty has been imposed or points lost? NO YES

If YES to either of the above, please provide details below:

Driver Name	Description of Loss or Offence	Date	Cost of Loss or Penalty Imposed	If Speeding, kms over limit

If insufficient space, please provide further details on a separate page.

I have received a Financial Services Guide, a Product Disclosure Statement and Policy Wording and a Supplementary Product Disclosure Statement. I acknowledge that I have read and agree to the Terms and Conditions and confirm I have complied with the Duty of Disclosure when answering these questions.