



PRESTIGE MOTOR VEHICLE QUOTATION REQUEST FOR DIRECT CLIENTS

YOUR DUTY WHEN YOU APPLY FOR INSURANCE

By proceeding, you confirm that you have read the following important information.

By law, you must take reasonable care not to make a misrepresentation. This means giving us true, complete and accurate answers to our questions, including where you provide information on someone else's behalf.

We use your answers to decide whether to insure you and on what terms.

If any of your answers are misleading, incomplete, inaccurate or fraudulent we may reduce or not pay a claim, cancel your policy or treat it as if it never existed.

If you don't understand a question, you're unsure how to answer or if anything is unclear, please call us.

AGENT OF INSURER

MB Insurance Group Pty Limited is acting under an authority to bind insurance and settle claims given by QBE Insurance (Australia) Limited. MB Insurance Group Pty Limited will be acting as the agent of QBE Insurance (Australia) Limited and not the agent of you, the insured.

PRIVACY

QBE and MB provide information about how we manage the privacy of personal information in the Product Disclosure Statement or on our websites www.qbe.com, or www.mbinsurance.com.au, or you can contact either the Compliance Manager of QBE at compliance.manager@qbe.com or Compliance Manager at MB at compliance@mbinsurance.com.au.



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 resulted in a fine or demerit points being imposed or for which a conviction was recorded? 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. I acknowledge that I have read and agree to the Terms and Conditions and confirm I have read and understood My Duty When I Apply For Insurance when answering these questions.