



***NEW BUSINESS – MOTOR VEHICLE QUESTIONNAIRE***

**Date of Call:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Insured Name:** \_\_\_\_\_

**Garaging Address:** \_\_\_\_\_

**Vehicle Kept Overnight:** Garage/On Street/Off Street-Driveway

**Vehicle Year, Make & Model:** \_\_\_\_\_

**Registration No.:** \_\_\_\_\_ **Vin/Chassis No.:** \_\_\_\_\_

**No Claim Bonus:** \_\_\_\_\_ % **Vehicle Use:** \_\_\_\_\_

**Vehicle Security:** Alarm/ /Immobiliser/Tracking Device/Other

**If Other:** \_\_\_\_\_

**Finance:** Yes/No **Type of Finance:** \_\_\_\_\_

**Finance Company:** \_\_\_\_\_

**Previous Insurance:** \_\_\_\_\_

**Driving History:** \_\_\_\_\_

**Nominated Drivers:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Nominated Drivers:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

**Vehicle Sum Insured:** \$ \_\_\_\_\_

**Accessories/Modifications:** \_\_\_\_\_

**Type of Cover:** Comprehensive / Third Party Property Damage

**Any Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Date Quotation Required By:** \_\_\_\_\_