



Insurance Brokers Ltd



PO Box 2363 • Christchurch
Phone (C3) 384 9829
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NZ VINTAGE MACHINERY CLUB Insurance Application

Full Name (s) _____
Postal Address _____
Occupation (s) _____ Date(s) of Birth _____
Telephone Numbers Home _____ Business _____
Date cover is to commence _____

VEHICLES

Vehicle No	Year	Make, Model & Type of Vehicle	Rego No.	Sum Insured
1				
2				
3				
4				

1. Have you had a loss or made a claim in the last 5 years, or ever withdrawn a claim? YES/NO
If yes please give details:

2. Have you ever had any insurance cancelled, declined, issued or renewed under any special conditions?
YES/NO
If yes please give details

3. Are there any other factors (eg. Traffic convictions, criminal offence, bankruptcy, etc) which might affect acceptance of any insurance that you might seek? YES/NO
If yes please give details

4. Who are you currently insured with?

Duty of Disclosure

You have a duty to tell Vero New Zealand Ltd (Vero) any information which would influence Vero's decision whether to provide cover and on what terms. All information must be complete and accurate and may include any information not directly asked for above. Remember, you are not only required under the Duty of Disclosure to disclose such information at commencement of cover, you are also bound to disclose the information at each renewal. If you do not provide all of this information Vero may avoid your insurance from the commencement of your policy. This means you will be treated as though you never had a policy at all so any claim you make would not be paid.

I/we declare that: 1. The particulars and answers given above are in every respect correct and that there is no further information likely to affect the acceptance of this insurance. 2. This proposal shall be the basis of the contract between me/us and Vero, and I am/we are willing to accept cover subject to Vero's policy conditions and any special terms they may require. *I/we authorise:* Vero to give and obtain from other Insurance Companies, Insurance Brokers, Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.

I/we understand that: 1. The information collected is evaluative material for the purpose of deciding whether to issue insurance cover. The intended recipient is Vero, 48 Shortland Street, Auckland. 2. Vero may refuse to provide the insurance cover if I/we fail to provide the information sought. 3. I/we have certain right of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Signed

Dated:
