



FREEWHEELER MOTOR VEHICLE INSURANCE APPLICATION

WHITBREAD
INSURANCE BROKERS

Name: _____ Postal Address: _____
Phone Number: BH _____ Mobile _____

Address where vehicle garaged (if different to postal address) _____ Cover to commence: ____/____/____

1. Vehicle Details.. Please circle which vehicle you require insurance for

Freewheeler Berlingo SB Combo XC Combo Kangoo

(Note: If vehicle is not listed above please contact Whitbread Insurance Brokers for a quote)

Reg No. _____ Vin/Chassis _____ Year of Man. _____ Engine Cap. _____

Name of Financier: _____

Vehicle to be used for: Business Use [] Private Use []

Does your vehicle have any existing damage? [] Yes [] No If yes, please give details

2. Driver details

Names of Drivers	Occupation	DOB	Yrs licensed in Aust	% driving vehicle	No. of accidents last 6 yrs

Have any of the listed drivers in the past 6 years

100%

- | | | |
|---|-----|----|
| A) had a motor accident or loss, a vehicle burnt or stolen, or made a claim under a motor insurance policy? | YES | NO |
| B) had a traffic infringement, conviction or prosecution? | YES | NO |
| C) had a driving or motor cycle licence cancelled, suspended or not renewed? | YES | NO |
| D) had any insurance declined or cancelled, been refused renewal of an insurance or had special terms and conditions imposed? | YES | NO |
| E) been declared bankrupt? | YES | NO |
| F) been convicted of any criminal offence? | YES | NO |

If YES to above questions, please give details

Name	Details of accident,	Date	Amount of Loss/Fine	Insurance Company

3. Details of previous insurance:

Previous Insurer: _____ Policy No: _____

Expiry Date: _____ No Claim Bonus % or Rating: _____

4. PREMIUM--PLEASE CIRCLE PREMIUM APPLICABLE

	VIC	NSW	ACT	QLD	SA	WA	NT	TAS
Rating 1	\$656.70	\$634.11	\$639.54	\$628.10	\$662.42	\$656.70	\$656.70	\$645.29
Rating 2	\$868.45	\$838.25	\$845.51	\$830.22	\$876.09	\$868.45	\$868.45	\$853.16
Rating 3	\$1,092.30	\$1,054.06	\$1,063.26	\$1,043.90	\$1,101.98	\$1,092.30	\$1,092.30	\$1,072.94

* For payment instructions please contact Whitbread Insurance Brokers on 03 8646 0222 or send a cheque in the mail to Whitbread Insurance Brokers, Level 1, 346 St Kilda Road, Melbourne 3004

IMPORTANT INFORMATION RELATING TO THIS APPLICATION FORM

YOUR DUTY OF DISCLOSURE—Under insurance law you are required to tell us anything you know that may affect our decision to accept your insurance. If you do not disclose all relevant information, or if you misrepresent the facts, the insurer may be entitled to cancel the policy, or reduce the sum insured, or treat the policy as having never existed.

Applicant (s) Signature _____ Date: _____