

INSURANCE QUOTATION FORM

CUSTOMER INFORMATION

Name: _____/_____

Age: _____ Sex: Male Female

Home Address: _____

DP#: _____ Date of Issue/Driving Experience: _____/_____

Occupation: _____

Occupation Address: _____

Home #: _____ Work #: _____ Mobile #: _____

Email: _____

VEHICLE INFORMATION

Make/Model: _____ Year of Manufacture: _____

Registration #: _____ Proposer's first vehicle? Yes No Local RORO

Cover Type: Comp TPFT TP

Sum Insured: \$ _____

Other: _____

YOUNG DRIVER INFORMATION (Any person below the age of twenty-five/ driving less than two years)

Name: _____/_____ D.O.B: _____

DP#: _____ Date of Issue/Driving Experience: _____/_____

DDC completed: _____ DDC Company: _____

Occupation: _____

Occupation Address: _____

Claims in the last three (3) years: Yes No State details: _____

PREMIUM DISCOUNTS

No Claim Discount _____ % / Years Previous Insurer/s: _____

Accidents in the last 3 years? Yes No

If Yes state details: _____

Vehicle Load: _____ % Driver Load: _____ %

Benefits:

- 1. Windscreen Cover: Yes No Windscreen Limit: \$ _____
- 2. Flood Cover: Yes No
- 3. Waiver of Excess: Yes No
- 4. Loss of use: Yes No

Date: _____

Comp – Fully Comprehensive

TPFT – Third Party Fire Theft

TP – Third Party

D.O.B – Date of Birth

DCC – Defensive Driving Certificate