



DENNIS FOSTER Insurance Brokers

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Motor Vehicle Information Sheet

Date _____ Referred By _____

Insured _____

Contact Name: _____ Email Address: _____

Address: _____ Postcode _____

Phone No's: _____ Fax _____

Has any insurer ever been refused or cancelled or required special terms to insure you? **No** **Yes**

Has any applicant been charged with or convicted of any criminal offence in the last 10 years? **No** **Yes**

Are there any exceptional circumstances relating to this risk that an insurer should know? **No** **Yes**

Have there been any claims/accidents in the last 5 years? **No** **Yes**

Has the insured/drivers had their licence cancelled/suspended or had any traffic offensive? **No** **Yes**

If you have answered yes to any of the above questions please provide full details (*Date, amount, description*): _____

Kept at Night (address): _____

Kept during the day (address) _____

How is the Vehicle Garaged at night: Garage Carport Driveway Street Other _____

How is the Vehicle Garaged during the day: Garage Carport Driveway Street Other _____

Vehicle Use: Private Executive Business Occupation _____

Vehicle Details: Year _____ Manufacture _____ Model _____ Model Class (i.e. GLX) _____

Engine Size _____ No. Cylinders _____ Automatic Manual Diesel Petrol

Shape _____ No. Doors _____ Vehicle Colour _____

Accessories/Modifications (include item & price): _____

Rego No: _____ **VIN No:** _____ Any existing Damage _____

Security: Alarm Immobiliser Factory Fitted Quicktrack Other _____

Date Purchased: _____ Purchase Price: _____ Dealer/Private: _____

Cover: Third Party Property Damage Only Third Party, Fire & Theft \$ _____

Comprehensive - Market Value or Agreed Value \$ _____

Do you require: Windscreen Cover: **No** **Yes** Hire Car after an Event: **No** **Yes**

Listed Driver _____ Date of Birth _____ Years Held Licence _____

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Current No Claim Bonus _____ Years Held _____ Insurer _____

Interested Party _____ Type of Finance _____

Current Insurer _____ Due _____ Premium _____