



KNIGHTSBRIDGE

INSURANCE GROUP

MOTOR VEHICLE INSURANCE

● Contact Details

First Name*

Phone*

Last Name*

Email*

Insured Name/s

Are there any losses that have not been notified to the insurer?

☐ Yes ☐ No

if yes, please provide details

● Vehicle listing

Registration Number

Year

Usage

Vehicle Class

Basis of Settlement

Make

Model and series

Sum Insured

Basic Excess

State

Colour of vehicle

Regular Driver's Name

Regular Driver's Date of Birth

Years licence held

Other Drivers' Details (if applicable; Name, DOB and years licence held for each)

Has any driver to be insured by this policy incurred any driving infringements in the last five years?

☐ Yes ☐ No

if yes, please provide details

Has any driver to be insured by this policy had their license cancelled or suspended in the last five years?

☐ Yes ☐ No

if yes, please provide details

Has any driver to be insured by this policy had any convictions relating to alcohol, drugs, dangerous driving or failing to stop after an accident in the last 5 years?

☐ Yes ☐ No

if yes, please provide details

Are there ANY drivers under 25 years old?

☐ Yes ☐ No

if yes, What is their date of birth?

Where is the vehicle parked overnight? (Postcode and garaged, carport, driveway etc)

Where is the vehicle parked during the day? (Postcode and garaged, carport, driveway etc)

Is cover required for Hire Car following an accident?

☐ Yes ☐ No

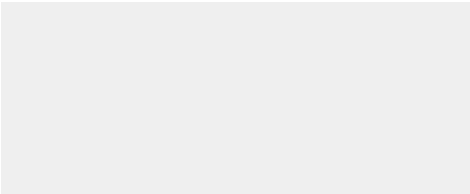
Is excess free windscreen cover required?

☐ Yes ☐ No

Please list all accessoried and their value

Please list any aftermarket security devices

● **Signature**



Name

Position/Title

Date