

Caravan Quotation Form

AIB AUSTRALIA

APPLICANT DETAILS			
Names of Insured in full	Name	Date of Birth	Are you Retired?
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If different from Registered Owner please advise	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Status	Registered Business <input type="checkbox"/> Yes <input type="checkbox"/> No	ABN: <input type="text"/>	Taxable: <input type="text"/> %
Insured's Phone	<input type="text"/>	Email	<input type="text"/>
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Financier/Mortgagee Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Type of Finance	<input type="checkbox"/> Lease <input type="checkbox"/> Hire Purchase <input type="checkbox"/> Unsecured Loan <input type="checkbox"/> Secured Loan		
Period of Insurance	From: <input type="text"/>	To: <input type="text"/>	

COVER REQUIRED	
Class of Vehicle (Caravan/Motorised)	<input type="text"/> Purpose of Use Business/Private <input type="text"/>
Australia Wide/ Onsite	<input type="text"/> If Business Use Usage <input type="text"/>
If Onsite – Onsite Address	<input type="text"/>
If not Onsite Van address normally kept	<input type="text"/>
Is the caravan let out or on hire?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', full details: <input type="text"/>

CARAVAN DETAILS			
Rego Number	<input type="text"/>	Vin Number	<input type="text"/>
Make /Model	<input type="text"/>	Year	<input type="text"/>
Length	<input type="text"/>	Width	<input type="text"/>
Date Purchased	<input type="text"/>	Purchase Price	<input type="text"/>
Does the caravan have any modifications?	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please list with values	Item	<input type="text"/>
		Value	<input type="text"/>

SUMS INSURED	
Caravan	\$ <input type="text"/>
Annexe	\$ <input type="text"/>
Contents	\$ <input type="text"/>
Total Sum Insured	\$ <input type="text"/>

PREVIOUS INSURANCE			
Current Insurer	<input type="text"/>	Policy Number	<input type="text"/>
No Claim Bonus Entitlement	<input type="text"/>	Number of Claim Free Years	<input type="text"/>
Due Date	<input type="text"/>		

ACCIDENT, CLAIMS AND PERSONAL DETAILS	
All questions must be answered by and in respect of each of the applicants.	
1) During the last 5 years, have you or any person who will regularly drive your vehicle:	
a) had any fines or penalties imposed for a traffic offence, other than a parking fine;	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) been convicted of any driving related alcohol or drug offences;	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) had a driver's licence cancelled or suspended or been disqualified from holding a driver's licence for any period;	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) been responsible for causing any motor accident.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you or anyone permanently residing with you, been convicted of any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property during the last 10 years?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Have you been declared bankrupt and not been discharged for at least one year?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) During the last 5 years, has any insurer refused to insure any motor vehicle for you or any person who will regularly drive your vehicle?	
	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE SUPPLY FULL DETAILS, DATE, CIRCUMSTANCES, AMOUNTS, ETC.	
If insufficient space, please provide additional details on a separate page.	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	

SIGNATURE & DECLARATION			
I/We declare that			
The information in this application is true and correct and I/We have not withheld any relevant information.			
The Caravan is in a sound state of repair and the sums stated represent their full value.			
I/We understand that any statement made in this application will be treated as a statement made by all of the people insured.			
Signature of Applicant	<input type="text"/>	Date	<input type="text"/>
Signature of Applicant	<input type="text"/>	Date	<input type="text"/>