

ALL CLASS INSURANCE BROKERS P/L

FACT FINDER – MOTOR VEHICLE

Date:

Advice Required:

Specific General

Source:

Yellow Pages Counter
 Other :

Insured name:

Registered Owner

Trading Name / Subsidiaries:

ABN:

Contact Name:

Postal Address:

Email address:

Website:

www.

Contact Numbers:

Business Hour:

After Hour:

Mobile:

Fax :

Occupation/Profession:

Experience (Business):

Interested Parties:

Current Insurer:

Current Broker:

Expiry Date:

Has any insurer in respect of any insurance policy held by you, your partners and/or directors ever:

- | | | |
|--|------------------------------|-----------------------------|
| (a) Refused to renew / cancelled or terminated a policy | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (b) Refused a claim or required an increased premium under the policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (c) Imposed special conditions under the policy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (d) Have you been convicted on any criminal offence or been declared bankrupt? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| (e) Have you had any claims in the past 5 Years? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If YES to any of the above, give details below:

VEHICLE DETAILS

Year:	<insert Year>
Make:	<insert text>
Model:	<insert text>
Body Type:	<insert text>
Rego Number:	<insert no.>
Purchase Price:	\$
Engine Size:	<insert text>
Engine / VIN Number:	<insert no.>
Is the vehicle fitted with an Alarm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

VEHICLE USE

Vehicle use:	<input type="checkbox"/> Private Use	<input type="checkbox"/> Business Use		
Occupation:				
Where is the vehicle kept overnight?				
<input type="checkbox"/> Garage	<input type="checkbox"/> Driveway	<input type="checkbox"/> Carport	<input type="checkbox"/> Street	Postcode: <insert Postcode>
Finance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Finance Company:	<insert name>			

HISTORY

No Claim Bonus (Subject to Written Proof)	Rating 1 Protection Included				
<input type="checkbox"/> Nil/6	<input type="checkbox"/> 20%/5	<input type="checkbox"/> 30%/4	<input type="checkbox"/> 40%/3	<input type="checkbox"/> 50%/2	<input type="checkbox"/> 60%/1
Have your ever had:					
Accidents or Claims	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Traffic Offences (excluding parking)	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Licence Cancelled / Endorsed / Suspended	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Insurance Refused / Declined	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If yes to any of the above please give full details:					

OPTIONS

Windscreen Protection:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20% Discount for 10,000 or Less KMS per year:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

DRIVERS (Limit 4 named drivers)

Drivers: Please supply details of all drivers			
Name	Date of Birth	Driving History	Occupation

QUOTES

Insurer	Premium incl. charges	Excess	Comments

Other Discussions or recommendations:

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Completed by:

Date:

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..... / / 20.....

OTHER SERVICES

(Ensure that you remind the client of our other services, please note confirmation of this and that you have made any necessary referrals.)

Product	Informed Client Y/N	Passed On Referral Y/N
Finance /Leasing		
Life Insurance		
Income Protection		
Trauma		
Disability		
Key man		
Business Expenses		
Travel Insurance		
Audit Insurance		
Motor Vehicle		
Professional Indemnity Insurance		
Management Liability		
Transit		
Heavy Motor		
Construction		
Business Insurance		

Have you Made appointment for Broker to Visit ClientY/N
Is Risk Survey and Photos Required..... Y/N

GENERAL NOTES