

# Lumley Special Vehicles Motor Quote

**PLEASE E-MAIL ALL FORMS TO ENSURE A QUICK RESPONSE.**



Wesfarmers General Insurance Limited, PO BOX 16042, Collins Street West, Victoria 8007 Ph: 1300 369 769 Fax: 1300 369 389 ABN 24 000 036 279

## Quote steps

- Step 1 To obtain a quick quote please complete Page 1 ONLY and to ensure a quick response please email lsvbroker@lumley.com.au.
- Step 2 Once the quote is approved and terms have been provided if you wish to proceed with cover please advise via email so covernote can be issued.
- Step 3 Once covernote is issued it will expire automatically at 4.00pm EST 30days from the cover request date if the following information is not received;
- Completed pages 3 and 4 of this document
  - New Business Closing

A motoring enthusiast is a person who does some if not all of the following;

- Attends motoring event
- Is a member of a car club
- Takes care and pride in their vehicle
- Subscribes to motoring publications

Lumley Special Vehicles is a motoring enthusiast insurer.

## Broker Details

Broker:	Office Location:	Date:
Phone number	Email address	Contact name
Insure/Owner	Finance Company	Reg number

Driver Name (25 Plus)	Date of birth	Years Licensed in Australia	Gender	% Use

**All Drivers: Please detail accidents/claims/insurance denied or cancelled in last 3 Years - Details**

**Loss of license**

## Vehicle Details

Year	Make	Model	Body type	Cylinder type	Transmission

Vehicle use	Estimated km's per week:	Suburb and Postcode where the vehicle is parked overnight?
<input type="checkbox"/> Business	<input type="checkbox"/> Limited recreational (less than 4,000kms)	<b>Vehicle is kept:</b> <input type="checkbox"/> Locked Garage <input type="checkbox"/> Carport <input type="checkbox"/> Driveway
<input type="checkbox"/> Private (Commuting)	<input type="checkbox"/> Restoration/ Storage	<input type="checkbox"/> Other – Details Req
<input type="checkbox"/> Private (Daily Non – Commuting)	<input type="checkbox"/> Club Plates	<i>Street Parking Not Acceptable Overnight</i>
<input type="checkbox"/> Recreational (less than 8,000kms)		<b>Market Modifications and Accessories - List each.</b>

Stable Policy? If yes, how many vehicles on road?

Unrepaired Damage:  No  Yes, details -

Cover Required: Full Comprehensive  Agreed Value  Market Value

Car Club Member:  Yes  No. *If Yes Car club details*

Purchase date	Purchase price if bought recently	Proposed sum insured
	\$	\$0.00

**Options Required:**  NCB Prot.  Windscreen (to \$1000)  Rental Car  Spare Parts  Mobile Phone and/or GPS Unit (\$1,000)  Salvage rights (cars over 25yrs)  Finance Protection

## Introduction

This insurance cover is being arranged through Lumley Special Vehicles. Lumley Special Vehicles is a division of Wesfarmers General Insurance Limited, ABN 24 000 036 279, AFSL 241461. Please read our policy document in its entirety to ensure it meets your needs before completing this application form. Please telephone us if you have any queries or you can email us at [enquiries@lsvinsurance.com.au](mailto:enquiries@lsvinsurance.com.au).

## Answering our Questions

### What You must tell Us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

### Who needs to tell Us

It is important that you understand you are answering our questions in this way for yourself and anyone else who you want to be covered by the policy.

### If You do not tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel this policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

## Code of Practice

We subscribe to the general insurance Code of Practice that sets out the standards of practice and service for the insurance industry. It is our aim to provide quality service to you. Further details of this Code of Practice are contained in the policy.

## Privacy

The Privacy Act 1988 (Cth) (as amended) seeks to ensure the confidentiality and security of any personal information. We are committed to ensuring that confidentiality and security is respected.

A copy of our Privacy Policy is available on our website [www.lsvinsurance.com.au](http://www.lsvinsurance.com.au) or contact us on 1300 369 769 for further information.

## Cooling off Period

You are entitled to end this insurance cover prior to the expiration of 14 days from the commencement of the Period of Insurance shown on the Schedule of Insurance unless you have made a claim under the policy. The unexpired portion of the premium less any non-refundable government taxes and duties will then be repaid.

**Lumley Special Vehicles**

[www.lsvinsurance.com.au](http://www.lsvinsurance.com.au)  
Tel: 1300 369 769 Fax 1300 885 616.

# Lumley Special Vehicles Motor Quote

## Section 2.

PLEASE E-MAIL ALL FORMS TO [lsvbroker@lumley.com.au](mailto:lsvbroker@lumley.com.au)  
TO ENSURE A QUICK RESPONSE.



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## Application Details

Please answer or tick each question on behalf of all people to be insured. If you need more space to answer questions, please attach a separate sheet of paper and sign each page accordingly.

### 1. Your Personal Details

Full name of proposer

Postal address

Date of birth

Phone number (w)

Phone number (h)

Email Address

Are you the registered owner of the vehicle?  Yes  No

If **No**, who is the registered owner?

Name of finance company

Your information in this area is very important to us.

### 2. Cover Required

Start Date  /  /  to  /  /  at 4.00pm local standard time

### 3. Additional Vehicle Details

Current odometer reading

Vin/Chassis number

Engine number

Number of kilometres driven annually

Additional Information

Turbo charged  Yes  No Supercharged  Yes  No  Left hand drive  Right hand drive

Please indicate the current condition of your vehicle

As new  Very good  Good  Average  Needs restoration

Has the vehicle any un-repaired damage?  Yes  No

If **Yes**, please give details

## 4. Anti Theft Devices

How often is the vehicle driven?

- Business     Private Commuting     Private Non Commuting     Twice a week     Twice a month

Overnight the vehicle is in:

- Locked garage     Car port     Driveway     Backyard     Security parking     Street parking

Other (please explain)

At address

During the day the vehicle is regularly parked

- Garage     Shopping complex     Security/Company     Car park     Train station     Street

Other (please provide details)

List details of all non-factory modifications and/or accessories and their approximate values

List details/make of anti-theft devices fitted to the vehicle

Do they comply with AS/NZS 4601:1999/Amdt 1:2003     Yes     No    Are they working?     Yes     No

## 5. Driver History Details

You must provide us with up-to-date detailed information in respect of all the following questions now and prior to all subsequent renewals. Failure to do this may prejudice future claim payments.

In the last 3 years from today, have any of the drivers named above:

(i) Had any motor vehicle accidents or loss or a vehicle burnt or stolen?  
Or any other losses or claims involving a motor vehicle?

**Yes**

**No**

(ii) Made a claim under a motor vehicle insurance policy?

(iii) Had any claim refused?

(iv) Had insurance of any kind, or renewal of insurance of any kind, declined or cancelled, or had any special terms, conditions or excesses imposed? If yes, details:

## 6. Declaration

By signing this application form, you hereby declare that:

- You acknowledge that you have read the notice explaining your duty of disclosure at the beginning of this application form;
- You have read and checked any answers not completed in your handwriting and to the best of your knowledge and belief all the answers to the questions in this application form are true and correct and no information, has been withheld;
- all the disclosed particulars are true and correct; and
- You agree to be bound by the terms and conditions of the policy wording which relates to this application form that has been made available to you.

You also consent to:

- the use of your personal information for the purposes shown in our privacy policy;
- the disclosure of your personal information to, and obtaining information from, other parties as shown in the privacy policy; and
- the exchange of information about your claim/s or insurance history with other insurers or credit reference bureau.

You also confirm that if You have disclosed personal information about any other person, we understand that you will advise them that you have:

- disclosed to us the personal information about that person and give us consent to use it for the purposes shown in the Privacy Policy; and
- consented to disclose to and obtain any other information about that person from other parties including those shown in the Privacy Policy.

Your signature

Date (dd/mm/yyyy)

## 7. Office Use Only

Underwriter

Approved

Date (dd/mm/yyyy)