

# Macquarie Insurance Brokers (Australia) Pty Ltd

## Private Motor Quote Request

### Client Details

Legal Name			
Phone		Fax	
		Mobile	
Postal Address			
Date of Birth		E Mail	
	(DD/MM/YYYY)	Occupation	

### Insurance History

	Yes	No
Proposal or Renewal Declined or Special Terms Imposed?	<input type="checkbox"/>	<input type="checkbox"/>
Charged or Convicted of a Criminal Offence in last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Any Claims Last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
Any other facts that may affect an insurer's assessment?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide details if Yes to any of the above:

Current Insurer			
Base Premium		Charges	
		Total	
Due Date		(DD/MM/YYYY)	
Interested Party			
Nature of Interest			

### Private Motor Cover Analysis

#### SITUATION DETAILS

Address

#### VEHICLE DETAILS

Year	Make	Model	Body Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Your Vehicle is  4WD  AWD  2WD Turbo Charged  Yes  No

provide details of all modifications, plus any individual specific to your vehicle

Alarm/Immob Fitted  Immob Fitted  Factory System  Nothing Fitted

Purchase Date  Purchase Price  Sum Insured

Vehicle Used  Private Daily  Business  Restoration  Recreational

At night is the vehicle  Garaged  Car Port  Driveway  On the Street

Where is the vehicle parked during the day

#### DRIVER DETAILS

Driver Name	Date of Birth	Occupation	% Use
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### All Drivers:

Please detail accidents/claims/insurance denied or cancelled in last 5 years

Please detail speeding fines/convictions

#### Comments:

**Fax (02) 9410 0677**