

Proposal form



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ANNUAL PREMIUM	\$	MONTHLY INSTALMENT	\$	FORTNIGHTLY INSTALMENT	\$	WEEKLY INSTALMENT	\$
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PLEASE NOTE: ACTUAL INSTALMENT AMOUNT MAY VARY DEPENDING ON THE DATE THE FORMS ARE RECEIVED.

PLEASE ANSWER ALL QUESTIONS AND READ DECLARATIONS BEFORE SIGNING

Go Cover Car Insurance Limited ("Go Cover") policies are underwritten by NZI. NZI is a business division of IAG New Zealand Limited (IAG).

1. REGISTERED OWNER(S)

TITLE	GIVEN NAME	FAMILY NAME	DATE OF BIRTH
ADDRESS			
PH HOME		PH WORK	
PH MOBILE		EMAIL	

2. VEHICLE

YEAR	MAKE	MODEL	TYPE (I.E. HATCH/SEDAN)	CC RATING	TURBO
					☐ YES ☐ NO
REGISTRATION		CURRENT VALUE	INTERESTED PARTY		
		\$			
☐ ALARM ☐ IMMOBILISER					
OVERNIGHT STORAGE ☐ GARAGE ☐ CARPORT ☐ DRIVE ☐ STREET ☐ OTHER (SPECIFY)					
LIST ANY MODIFICATIONS: (GIVE DOLLAR VALUE OF EACH ITEM)					

3. COVER

TYPE OF COVER: PRIVATE & COMPREHENSIVE (MARKET VALUE)	
COVER START DATE	
☐ SPECIFIED DRIVER POLICY: Main driver and two specified drivers only - restricted to one specified driver being under the age of 25	
☐ NAMED DRIVER PLUS POLICY: Two named drivers only.	
☐ INCLUDES NZ ROADSIDE ASSIST	

4. DRIVERS

MAIN DRIVER'S NAME	DATE OF BIRTH	LICENCE TYPE	YEARS HELD	% USAGE
MAIN DRIVER RESIDES IN: ☐ AUCKLAND ☐ NORTH ISLAND EXCLUDING AUCKLAND ☐ SOUTH ISLAND				
SECOND DRIVER'S NAME	DATE OF BIRTH	LICENCE TYPE	YEARS HELD	% USAGE
THIRD DRIVER'S NAME	DATE OF BIRTH	LICENCE TYPE	YEARS HELD	% USAGE

PLEASE READ THE FOLLOWING, THEN SIGN AND DATE THIS FORM BELOW. IF THIS POLICY IS IN TWO NAMES, BOTH POLICY HOLDERS MUST SIGN.

YOUR DUTY OF DISCLOSURE

You have a duty to tell us everything you know that is relevant to this insurance that a prudent insurer would want to take into account in deciding whether to accept your application and, if so, on what terms. If you do not give us accurate and full information, we may decline a claim, cancel your insurance or treat the insurance as being invalid from the beginning.

Examples of information you may need to disclose include:

- anything that increases the risk of an insurance claim;
- if another insurer has cancelled or refused to renew insurance, or has imposed special terms;
- any insurance claim you have made in the past.

Examples of information you do not need to disclose include:

- anything we say you do not need to tell us about;
- anything that is common knowledge;
- anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are not sure whether you need to disclose a particular piece of information, please ask.

PRIVACY ACT 2020

This proposal collects personal information in order to evaluate your insurance requirements for the purpose of deciding whether to issue insurance cover and if so on what terms. The information collected will be held by Go Cover, 660 Great South Rd, Penrose and/or NZI, 1 Fanshawe Street, Auckland. Failure to provide any personal information requested may result in your application for insurance being declined. Individuals have a right to request access to and correction of their personal information subject to the Privacy Act 2020.

DECLARATION

I/we declare that:

1. Subject to any rights I/we have under the Clean Slate Act, the information given is in every respect correct and complete and all material information has been disclosed to Go Cover and/or NZI.
2. This Proposal shall be the basis of the contract between me/us and NZI and I am/we are willing to accept cover subject to NZI's policy terms, conditions, exclusions and any special terms they may require.

I/we authorise:

1. Go Cover and/or NZI to give and obtain from other Insurance Companies, Insurance Brokers, the Insurance Claims Register Ltd or any other party any information relating to this or any other insurance held or previously held by me/us and any claim(s) made by me/us.
2. Go Cover and/or NZI to use my/our personal information to advise me/us of NZI's products and/or services.

I/we undertake to inform Go Cover and/or NZI immediately of any material events or changes in circumstances which occur after the commencement of this policy or after any renewal.

I/we agree on receipt of this application, NZI may vary the terms by notice given to me/us.

I/We agree to receive marketing and communications from Go Cover Car Insurance. I/We understand that we may opt out at any time by following the unsubscribe instructions provided in the communication, or by submitting a written request to admin@gocover.co.nz

SIGNED (SIGNATURES OF PROPOSERS):

DATED