PO Box Q1233 QVB Post Office NSW 1230

Email: motor@mbinsurance.com.au AFSL No. 243522

Tel: 02 9966 9777

Fax: 02 9928 5656

PRESTIGE MOTOR VEHICLE QUOTATION REQUEST FOR BROKERS

YOUR DUTY WHEN YOU APPLY FOR INSURANCE

By proceeding, you confirm that you have read the following important information.

By law, you must take reasonable care not to make a misrepresentation. This means giving us true, complete and accurate answers to our questions, including where you provide information on someone else's behalf.

We use your answers to decide whether to insure you and on what terms.

If any of your answers are misleading, incomplete, inaccurate or fraudulent we may reduce or not pay a claim, cancel your policy or treat it as if it never existed.

If you don't understand a question, you're unsure how to answer or if anything is unclear, please call us.

AGENT OF INSURER

MB Insurance Group Pty Limited is acting under an authority to bind insurance and settle claims given by certain underwriters at Lloyd's. MB Insurance Group Pty Limited will be acting as the agent of the insurer and not the agent of you, the insured.

PRIVACY

MB provides information about how we manage the privacy of personal information in the Product Disclosure Statement or on our website or www.mbinsurance.com.au, or you can contact the Compliance Manager at compliance@mbinsurance.com.au.



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From:	Fax No:						
Contact Name:	e: Phone No:						
Email:	Date:						
Client Name: Vehicle Year/Make Modifications: Accessories:	/Model:						
Transmission: [Manual	Auto	matic	Tiptro	onic		
Type of Cover Requested: Comprehensive (Unlimited kms) Comprehensive 'Limited Kilometres' (Limited to 5,001-8,000 kms per year) Comprehensive 'Low Kilometres' (Limited to 0 – 5,000 kms per year) Agreed Value: \$							
If Purchased in La		Purchase Price:	\$		Purchase Date	:	
Use of Vehicle: Finance: Suburb where vehice Parked overnight in: (Overnight street p Security Device Fitte Name of Driver 1: Name of Driver 2: Name of Driver 3: Name of Driver 4: Name of Driver 4: Name of Driver 5: (Please provide a se Note: 1. Drivers le	Garage parking at or nea ed? No	Carport r the nominated p Yes taining information	Occupation Financie Financie Driveway Darking facili If yes, detail % of Us % of Us % of Us % of Us as above if n	or P Other ty is not acc s of immobilis se: se: se: se: nore drivers to	pate of Birth: Date of Birth:	em:	
2. Approved drivers must be licensed in Australia or New Zealand (provisional licenses excluded).							
In the LAST THREE stolen or burnt, or an In the LAST THREE	ny other losses in	volving a vehicle w	here an insu	rance claim h	as been made?	□ NO	☐ YES
resulted in a fine or	r demerit points	being imposed or	for which a c			□NO	☐ YES
If YES to either of				Dete	0(1(1	Decel	I Comment
Driver Name	Descripti	on of Loss or Offen	ice	Date	Cost of Loss or Imposed		If Speeding, kms over limit

If insufficient space, please provide further details on a separate page.