

Australian Insurance Solutions Pty Ltd
Motor Vehicle Quote Request

NAME OF REGISTERED OWNER/S							
DATE OF BIRTH/S							
CONTACT DETAILS		PHONE:			EMAIL:		
YEAR & MAKE					Manual	Automatic	
MODEL/SPECIFICATIONS (EG: LX, GLX, DIESEL/PETROL, 4CYL, 6CYL ETC)							
PURCHASE PRICE							
REGO			ENGINE / VIN				
NON STANDARD ACCESSORIES							
FINANCE	None	HP / CHP	<i>Bill of Sale/ Chattel Mortg</i>	<i>Lease / Secured Loan</i>	<i>Bus Loan/ Personal Loan</i>		
FINANCE COMPANY							
SECURITY	Steering Lock		Ignition Kill Switch			Audible Alarm	
	Full No Go Immobiliser				Tracking System		
CLAIMS	Yes / No	(IF YES, PLEASE PROVIDE DETAILS)					
CURRENT INSURER & DUE DATE							
SEX OF MAIN DRIVER	Male <input type="checkbox"/> Female <input type="checkbox"/>		RATING / NCB		%	Years Held	
YEARS LICENCED							
OTHER DRIVERS							
DOB OTHER DRIVERS				RATING / NCB		%	Years Held
NCB PROTECTION REQUIRED		Y <input type="checkbox"/>	N <input type="checkbox"/>	USE	<i>Business</i>	<i>Private</i>	<i>Trade</i>

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GARAGING ADDRESS					
PARKING – Night	Private Parking	Garage	Carport	Street	Driveway
PARKING – Day	Garage	Carport	Street	Driveway	
	Private Parking	Public Parking		Railway / Shop Cnt	
CONVICTIONS / ARRESTS / LICENSE SUSPENDED / CANCELLED, LAST FIVE YEARS		Yes <input type="checkbox"/> No <input type="checkbox"/>	<i>(IF YES PLEASE PROVIDE INFORMATION)</i>		
OTHER INFORMATION					

NB: Please give as much information as possible with model/specifications. There are various models of cars for each brand of vehicle, so the more info, the more accurate we can be in ensuring the correct vehicle is covered.

When complete send to: FAX – 1800 888 110 Or EMAIL – aisadmin@nor.com.au