



**YMI**  
YAMAHA MOTOR INSURANCE

# MOTORCYCLE INSURANCE APPLICATION FORM

DISTRIBUTOR \_\_\_\_\_

## TYPE OF COVER

☐ COMPREHENSIVE ROAD REGISTERED MOTORCYCLE ☐ THIRD PARTY, FIRE, THEFT AND TRANSIT ☐ THIRD PARTY ONLY

## USAGE

☐ PRIVATE ☐ OTHER If other elected call YMI for acceptance/pricing

## PERIOD OF INSURANCE

FROM \_\_\_\_\_ TO \_\_\_\_\_

## INSURED DETAILS

Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Interested Parties: \_\_\_\_\_

## MOTORCYCLE DETAILS

MANUFACTURER	MODEL	REGISTRATION	FRAME/VIN NUMBER	SUM INSURED	DATE OF PURCHASE

## STORAGE AND CONDITION:

Normal Storage Address:	
Has the motorcycle been modified in any way from the manufacturers original specifications:	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please detail:
Is the motorcycle in current condition suitable for usage as originally manufactured for?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please detail:

## OPTIONAL EXTRAS:

Gap cover (Tick as appropriate):	Lay up Discount (circle lay-up months elected by client when motorcycle not in use):
<input type="checkbox"/> \$5000 option	Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug <input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/>
<input type="checkbox"/> \$10,000 option	

## RIDER INFORMATION:

Name	Date of Birth	Male/Female	How many years motorcycle riding experience?

Please note named rider benefit/endorsement applies to all non-declared riders under this policy, refer to the PDS for further information.

## DUTY OF DISCLOSURE

### HAS THE INSURED, OR ANYONE WHO IS TO BE COVERED BY THIS POLICY, IN THE LAST 5 YEARS

Had any insurance refused or cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:
Suffered any motorcycle or theft insurance claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:
Been charged or convicted of any offence (other than vehicle/motorcycle offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:
Ever had their motor vehicle or motorcycle license suspended or cancelled for any reason?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, detail:

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you. To comply with your duty of disclosure when first entering into an insurance contract with us, you must tell us everything you know, or that a reasonable person in the circumstances would be expected to know, that a prudent insurer would want to take into account in deciding whether to accept the insurance, and if so, on what terms. This applies to every insured under the policy. If you fail in your duty of disclosure we may avoid your contract retrospectively and treat your insurance as if it never existed. You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do not need to know.

ABOUT THE INSURER

The Insurers of this insurance are certain underwriters at Lloyd's of London (Lloyd's). Lloyd's of London has been a pioneer in insurance and has grown over 325 years to become the world's leading market for specialist insurance. Lloyd's of London insures people, businesses and communities in more than 200 countries and territories. Lloyd's of London's unique capital structure provides excellent financial security to policy holders. This insurance is underwritten by certain underwriters at Lloyd's of London (Underwriters). Lloyd's of London has current financial strength rating of A+ with Standard & Poor's and is listed on the London Stock Exchange.

PRIVACY ACT 1993

We advise:

- 1. If the Insured is a person, this Application Form collects personal information about you so that we can evaluate your application for insurance.
- 2. This information is collected and held by Yamaha Motor Insurance at 58 Lady Ruby Dr, East Tamaki, Auckland 2013, New Zealand, as an agent for the underwriter.
- 3. You must supply this information as part of your Duty of Disclosure (please see Your Duty of Disclosure above). If you refuse to do so, your application for insurance will be declined.
- 4. You have the right to access and correct your personal information held by us in accordance with the Privacy Act 1993.

You the above named insured declare that:

- 1. You have answered all questions truthfully.
- 2. You have, in addition, disclosed all material facts to Yamaha Motor Insurance as agent for the underwriter (please see Your Duty of Disclosure above).
- 3. You agree to the policy terms and conditions.

You the above named Insured authorise:

- 4. Yamaha Motor Insurance to advise you of its other services from time to time.
- 5. The disclosure of your personal information held by Yamaha Motor Insurance as agent for the underwriter to:
  - Other members of the insurance industry.
  - Financially interested parties noted on the policy.
  - Insurance Claims Register Limited.
- 6. The disclosure of your personal information held by:
  - Other members of the insurance industry.
  - Insurance Claims Register Limited.

to Yamaha Motor Insurance as agent of the underwriter for the purpose of considering this proposal and administering the policy.  
7. I am authorised to complete this proposal on behalf of anyone else to be insured under the policy, and they make the same declarations.

Signature of the Insured(s): \_\_\_\_\_ Date: \_\_\_\_\_

PREMIUM PAYABLE AND PAYMENT OPTIONS

☐ Cheque/Money Order    ☐ Credit Card (Tick appropriate)    ☐ Mastercard    ☐ Visa

Card Number:

Amount: \$ \_\_\_\_\_ Expiry date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name on Card: \_\_\_\_\_

☐ Pay By The Month (documents attached / process completed by dealer/ client)

☐ Yamaha Motor Finance to Pay

Excess Elected:
Insurance Premium:
Gap Premium:
Total Payable:

This declaration confirms the client has answered all the Duty of Disclosure questions and has signed and paid for insurance cover effective \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_.  
Cover is bound on behalf of the insurers from this date under Distribution Agreement executed by us with the insurer's agent.

Dealer Sales Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / 20 \_\_\_\_.

