



New England Insurance Brokers Pty Ltd
ABN 82 071 530 839

Motorcycle Insurance Application Form



Wesfarmers General Insurance Limited
trading as Lumley Insurance
ABN 24 000 036 279

Details about you – the Applicant. Please complete below.

1 Your full name (must be the same as the registered owner)

2 Your postal address

 Postcode

3 Your Date(s) of Birth

 / /

4 Your Occupation

5 Your Phone numbers

Home	()	Work	()
Mobile	()	Fax	()
E-Mail			

Information about you that we need to know.

6 In the last 5 years have you or any other person likely to ride your motorcycle -

Been convicted of any of the following in relation to insurance, commercial or property matters?

a. Fraud? No Yes

b. Arson? No Yes

c. Theft? No Yes

d. Been declared bankrupt or are presently an undischarged bankrupt? No Yes

If you have answered 'Yes' to either part of Question 6, please provide details in the box below (incl. date of discharge for bankruptcy).

7 Have you or any other person likely to ride your motorcycle ever had an Insurer for any class of Motor Insurance -

Cancel a policy, decline or refuse cover, decline to renew a policy or refuse to pay a claim? If you have answered 'Yes' please provide details below.

No Yes

Information about you that we need to know (continued).

8 Who was your last or current Insurer for your:

Car	Company	
	Policy No.	

Motorcycle	Company	
	Policy No.	

Are you entitled to a No Claim Bonus or Discount?

No Yes Rating Number or Bonus%

Please attach supporting documentation to show this.

9 In the last 5 years have you or any other person likely to ride your motorcycle -

Made a claim on any motorcycle or motor vehicle Insurance Policy? No Yes

Suffered a loss or damage to a motorcycle or motor vehicle for which you did not claim for or were not insured for? No Yes

If you have answered 'Yes' to either part of Question 9, please describe the circumstances in the box below.

Details of Loss	
Driver's Name	
Cost	
Date	
Insurer	

Details of Loss	
Driver's Name	
Cost	
Date	
Insurer	

10 Do you or any other person have any health problem/s which could reasonably impair your or their ability to ride your motorcycle? No Yes

If there is insufficient space to answer any of the above questions, please provide details on the space provided on the back page, or attach a separate sheet of paper and include it with this application form.

Please continue over the page ➡

Details required about all people (including you) who ride your motorcycle

11 Please provide details below of your riding experience (besides your details, this must also include the details of **all** other known riders).

Full Name	Date of Birth	Years Licensed	Years Riding Experience
	/ /		
	/ /		
	/ /		

12 In the last 5 years have you or any other person shown above had -

More than three (3) driving or riding offences, infringements or convictions (other than parking fines)?

No Yes

A driver's/rider's licence or learner's permit cancelled, suspended or special conditions imposed?

No Yes

If 'Yes' , please provide full details of the conviction, offence or infringement in the table(s) below. *If insufficient space below, please use the back page.*

Rider or Driver's Name	Date	Details of Conviction, Offence or Infringement	Penalty / Fine
	/ /		
	/ /		
	/ /		
	/ /		

Details of your Motorcycle

13 Period of Insurance From / / To / /

14 What is the year model of your motorcycle?

15 What is the make of your motorcycle?

16 What is the model of your motorcycle?

17 How much did you pay for it? \$

18 When did you buy your motorcycle? / /

19 Please provide the following identification numbers:

Registration Number	<input type="text"/>
Engine Number	<input type="text"/>
VIN/Chassis Number	<input type="text"/>

20 What is the engine capacity and number of cylinders?
 cc Cylinder/s

21 What is the current odometer reading? km

22 Has your motorcycle been modified or accessorised? No Yes
If you have answered 'Yes' please describe these modifications, accessories and their values below. **Any modifications must comply with the appropriate state or federal regulations.** If there is not enough space below, please use the back page of this form or attach a separate sheet.

23 Is your motorcycle (a) free from any damage and (b) currently in your possession? No Yes
If you have answered 'No' to either part (a) or part (b), please provide details below.

24 Where is your motorcycle parked overnight?
Locked garage Carport Driveway Street

Please note that we may choose not to insure your motorcycle if it is not kept in a Locked Garage while unattended at Home. If none of the above apply, disclose your garaging arrangements on the back page.

25 Your Garaging Address

 Postcode

26 Is your motorcycle leased or subject to a finance agreement?
No Yes Please provide name & address of Financial Institution below

27 How many people (in total) is your motorcycle registered to carry?

28 Do you own a sidecar or bike trailer that you wish to insure?
No Yes Please provide details below

Make	Chassis/Registration Number	Value
		\$
		\$

29 What type of cover do you want for your motorcycle?
Please place a tick in the appropriate box for the cover required

Section 1: Comprehensive (includes Section 2)

Section 2: Liability Only

Section 3: Fire, Theft & Liability

Please continue over the page →

30 For what purpose will you use your motorcycle?

- Private Use
 Tour Operating
 Guided Self-Riding Tours
 Other Business ► Please describe

31 How often is your motorcycle ridden?

- Regularly (includes commuting to work)
 More than two days a week but less than 8,000 km/year
 Up to twice a week
 Once a week or less but more than once a month
 Once a Month or less
 Never - On-Site Cover Only

32 Are you a member of a motorcycle club?

No Yes ► Please provide details below

Name of Club	<input type="text"/>
Membership No	<input type="text"/>

33 Do you have a security device(s) fitted to your motorcycle?

No Yes ► Please provide details below

<input type="text"/>
<input type="text"/>

Depending on the make, model and/or location of your motorcycle, we may require that you fit a security device(s) to it.

34 Do you know of any Exceptional Circumstance/s* that may affect our decision to offer you cover and/or the terms and cost of such cover?

No Yes ► Please provide details below

<input type="text"/>
<input type="text"/>

*An Exceptional Circumstance is a matter about which we could not reasonably be expected to ask of you a specific question.

Before continuing on to the IMPORTANT NOTICES, please ensure that you have fully answered every question (1 - 34).

We will not be able to accept your Application Form if it is incomplete.

IMPORTANT INFORMATION

Insufficient Space to Answer

If insufficient space is provided on this Application in respect of any questions contained on the form, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date the attachment.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

Duty of Disclosure (continued)

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however, does not require disclosure of matter:

- that diminishes the risk to us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Confirming Transactions

You may contact New England Insurance Brokers Pty Ltd or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your policy. Any transaction will be documented by us as quickly as possible.

Privacy

New England Insurance Brokers Pty Ltd and Lumley Insurance respects your privacy and complies with the Privacy Act and National Privacy Principles. A copy of our Privacy Policy and Procedures is available from any of our offices.

If Things Change

After we have agreed to cover you and while you are covered you must tell us of all changes that may increase the chances of a claim. Common changes that might increase the chances of a claim are, if

- There is a change in the
 - condition of your motorcycle,
 - use of your motorcycle,
 - use of a building that contains your motorcycle;
- You move house;
- You keep your motorcycle in a different place;
- You let someone else regularly ride your motorcycle;
- You modify your motorcycle;
- You replace your motorcycle;
- You or a person who regularly rides your motorcycle is convicted of a driving offence that causes loss of or change to your or their licence.

If You Reduce Our Rights

We will not pay that part of a claim where you have by agreement limited or excluded our rights to recover your loss from any person or entity.

Excesses

Claims under this Policy may be subject to an Excess. As they vary according to the degree of risk they are shown on the Policy Schedule and on the Certificate of Insurance.

Proving Your Loss

When you make a claim we will ask you to justify the amount claimed. We suggest you keep all bills and receipts to make this task easier.

Please continue over the page ➡

