

Motor Vehicle Insurance Application Form



MAS
FREEPOST 884
PO Box 13042
Johnsonville, Wellington
–
Phone 0800 800 627
Fax (04) 477 0109
Email info@mas.co.nz

i Important information

Please read the information below before completing this application. You have a duty to disclose all information that MAS may want to take into account in deciding whether or not to accept your application and, if so, on what terms. The information that you provide in this application must be true, correct and complete. In addition to answering the specific questions asked, you must disclose everything you know that may be relevant to this insurance.

Member details

Member (Name in full)

The insured (Name in full – include name of trustees if applicable)

Member Number

Postal address City Postcode

To assist us to promptly process your application, please confirm your daytime contact details below.

Phone Home Work Mobile

Email

What is your preferred contact method? Phone Text Email

Period of Insurance

From dd-mm-yyyy To dd-mm-yyyy

Insured vehicle

Who is the registered owner of the vehicle?

Who will suffer a financial loss in the event of a claim on this vehicle (if different from above)?

Type of vehicle

Car 4WD/SUV Truck Van Road motorcycle Caravan Tractor

Off-road/farm vehicle Other (please state)

Make Model CC rating

Year of manufacture Registration number

What is the gross laden weight? 3.5 tonnes or less Over 3.5 tonnes

Insured vehicle (cont.)

Is the vehicle subject to any financial interest by any other party?

**If yes, please provide the name of the finance company*

Yes* No

Is the vehicle used in connection with any trade or business? **If yes, please provide full details.*

Yes* No

Has the vehicle been modified in any way from the manufacturers specifications

(e.g. exhaust system, lowered suspension, spoiler kit)? **If yes, please provide full details.*

Yes* No

Is the vehicle turbo or supercharged? **If yes, please provide full details.*

Yes* No

Are there any after market accessories exceeding \$1,000 fitted to the vehicle

(e.g. mag wheels, in-car entertainment system)? **If yes, please provide full details.*

Yes* No

If the vehicle is a caravan, do you wish to insure its contents **If yes, please specify contents sum insured.*

Yes* No

What security devices are fitted to the vehicle (e.g. alarm, steering lock, immobilising devices)?

At which address is the vehicle normally parked at night?

Garage

Driveway

Street

Other

Cover required

Cover type:	Comprehensive	Third party, fire and theft
	Third party only	Fire and theft only
Is hire car cover required?	Yes	No
Basis of settlement	Market value	Sum insured <input type="text" value="\$"/>
	Agreed value	Sum insured <input type="text" value="\$"/>
Voluntary excess required	None	\$200
		\$500
		\$1,000
		\$2,000

Please note, voluntary excesses apply in addition to the standard policy excess, but do not apply to glass or locks and keys claims.

Driver details

List **all** drivers of the vehicle

Full name	Date of birth	Gender (M/F)	Licence type (full, restricted, learner)	Years held	Relationship to Member
	dd-mm-yyyy				
	dd-mm-yyyy				
	dd-mm-yyyy				
	dd-mm-yyyy				
	dd-mm-yyyy				

Who will be the main driver of the vehicle?

Do all drivers hold a current New Zealand driver licence? **If no, please provide full details.* Yes No*

In the last five years has the principal driver, or any other person who is likely to have the use of the insured vehicle:

1. Been convicted of any driving offence or has any prosecution pending? *(ignore parking offences)*
**If yes, please provide full details including conviction, year and fine.* Yes* No

2. Incurred any speeding or speed camera fines?
**If yes, please provide full details including conviction, year and fine.* Yes* No

3. Had an accident or loss in connection with a motor vehicle, whether or not a claim has been made? **If yes, please provide full details including conviction, year and fine.* Yes* No

Who is authorised to drive this vehicle?

Any driver Any driver excluding under 25s Named drivers only

Previous insurance and criminal convictions

Have you, or anyone else covered by this insurance, ever engaged in any criminal activity, had any criminal convictions or have any criminal prosecutions pending? *The information sought by this questions is subject to the rights set out in the Criminal Records (Clean Slate) Act 2004.*

**If yes, please provide full details including conviction, sentence and year.*

Yes* No

Does this vehicle replace a vehicle currently insured with MAS?

**If yes, please provide the policy number*

Yes* No

Have you held motor vehicle insurance with any other insurer in the last 12 months?

**If yes, please provide the company name and the policy number.*

Yes* No

In the last five years have you, or anyone else to be covered by this insurance, suffered any loss or damage to your motor vehicle, including theft, malicious damage or burglary (regardless of whether an insurance claim was made)?

**If yes, please provide full details including description, year and cost.*

Yes* No

Have you ever had any insurer decline cover, impose special terms or refuse renewal of any policy? **If yes, please provide full details.*

Yes* No

Is there any further information likely to affect this insurance? **If yes, please provide full details.*

Yes* No

Premium payment

By direct debit

Frequency (A payment administration fee of up to 6% plus gst will apply)

Annually Monthly Quarterly Six-monthly

Direct debit form completed? Yes No (please complete a direct debit form)

Deduction of the first premium by Visa/Mastercard/Amex/Diners (please call **0800 800 627** to renew this each year)

A 1.75% surcharge applies to credit card payments

Credit/debit card number Exp

Name on card

I authorise the deduction of the first premium by credit/debit card

Signature Date

Annually by cheque or internet banking on receipt of renewal letter

Declaration

Disclosure of relevant information

I understand that I have a duty to disclose all information that Medical Insurance Society Limited (MAS) may want to take into account in deciding whether or not to accept my application and, if so, on what terms. I confirm that

- all the answers in this application are true, correct and complete; and
- I have disclosed everything I know that may be relevant to this insurance.

I understand that if I have not disclosed all relevant information that I know, MAS may decline a claim I make under this policy, cancel the policy or treat the insurance as being invalid from the beginning.

Privacy Act 1993

I understand that

- the personal information MAS collects from me will be used to underwrite and administer my insurance; and
- I am entitled to access and correct the personal information MAS holds about me, in accordance with the provisions of the Privacy Act 1993.

I authorise MAS to give or obtain personal information about me (relevant to my insurance) to or from others including but not limited to the Insurance Claims Register Limited.

Signed Date

For assistance call 0800 800 627 or visit mas.co.nz

Easy ways to pay with MAS



Smarter, faster, easier

- **Direct debit** is the smarter way to pay, saving you time and hassle and ensuring that your payments are always on time.
- **Rest assured** you'll be in total control. You'll receive renewal notices every year and can change anything about your payments at any time.
- **Select to** pay your premiums annually, six-monthly, quarterly or monthly. Six-monthly payments include a 3% payment administration fee and quarterly or monthly payments include a 6% fee.
- **To set up your direct debit:** Fill in the form below and detach the payment slip from your renewal notice. Fold this form to create an envelope enclosing the payment slip. Seal and freepost back to us.

Direct debit authority

Product (e.g. Boat insurance)	<input type="text"/>	Policy number	<input type="text"/>
Payment frequency (tick one)	<input type="checkbox"/> annually	<input type="checkbox"/> six-monthly	<input type="checkbox"/> quarterly <input type="checkbox"/> monthly
Product (e.g. Boat insurance)	<input type="text"/>	Policy number	<input type="text"/>
Payment frequency (tick one)	<input type="checkbox"/> annually	<input type="checkbox"/> six-monthly	<input type="checkbox"/> quarterly <input type="checkbox"/> monthly
Product (e.g. Boat insurance)	<input type="text"/>	Policy number	<input type="text"/>
Payment frequency (tick one)	<input type="checkbox"/> annually	<input type="checkbox"/> six-monthly	<input type="checkbox"/> quarterly <input type="checkbox"/> monthly

Bank instructions

Name of bank account holder

Customer to complete bank, branch, account number and suffix of account to be debited.

Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Bank	Branch	Account number		Suffix								

Name of bank and branch

MAS Member number

Authority
Authority to accept direct debits (Not to operate as an assignment or an agreement)

Authorisation code (User number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
0	6	0	9	9	3	3

Date

To: the bank manager

I/we authorise you until further notice in writing to debit my/our account with you all amounts which Medical Assurance Society New Zealand Limited (hereinafter referred to as the Initiator), Head Office, PO Box 13042, Johnsonville, Wellington 6440, 19-21 Broderick Road, Johnsonville, Wellington 6037, Telephone **0800 800 627**, Facsimile (04) 477-0109, the registered initiator of the above authorisation code, may initiate by direct debit.

I/we acknowledge and accept that the bank accepts this authority only upon the conditions listed overleaf.

Information to appear in my/our bank statement (to be completed by the Customer)

Payer particulars

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised signature	Date	Authorised signature	Date

For bank use only

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Approved	Date received	Recorded by	Checked by	Bank stamp
00993 01 91				

Original - retain at branch. Duplicate - forward to initiator if requested.

Other options for annual lump sum payments. If you would like to pay annually, the following payment methods are also available to you:

Internet banking - our account number is **06-0541-0079700-00**, please quote your reference number.

Credit card - phone us on 0800 800 627 to pay by credit card. Please be advised that from 2 December 2013 a 1.75% surcharge applies to credit card payments.

Cheque - send your cheque and payment advice slip to the address on the back of this form.

Got a question? Call us free on **0800 800 627**.

Conditions of this authority to accept direct debits

1. The initiator:

- a) Undertakes to give written notice to the acceptor of the commencement date, frequency and amount at least 10 calendar days before the first direct debit is drawn (but not more than two calendar months). This notice will be provided either:
 - ii) in writing; or
 - iii) by electronic mail where the customer has provided prior written consent to the initiator. Where the direct debit system is used for the collection of payments which are regular as to frequency, but variable as to amounts, the initiator undertakes to provide the acceptor with a schedule detailing each payment amount and each payment date. In the event of any subsequent change to the frequency or amount of the direct debits, the initiator has agreed to give advance notice at least 30 days before changes come into effect. This notice must be provided either:
 - in writing; or
 - by electronic mail where the customer has provided prior written consent to the initiator.
- b) May, upon the relationship which gave rise to this authority being terminated, give notice to the bank that no further direct debits are to be initiated under the authority. Upon receipt of such notice the bank may terminate this authority as to future payments by notice in writing to me/us.
- c) May, upon receiving an 'authority transfer form' (dated after the day of this authority) signed by me/us and addressed to a bank to which I/we have transferred my/our bank account, initiate direct debits in reliance of that transfer form and this authority for the account identified in the 'authority transfer form'.

2. The customer may:

- a) At any time, terminate this authority as to future payments by giving written notice of termination to the bank and to the initiator.
- b) Stop payment of any direct debit to be initiated under this authority by the initiator by giving written notice to the bank prior to the direct debit being paid by the bank.
- c) Where a variation to the amount agreed between the initiator and the customer from time to time to be direct debited has been made without notice being given in terms of clause 1 a) above, request the bank to reverse or alter any such direct debit initiated by the initiator by debiting the amount of the reversal or alteration of the direct debit back to the initiator

through the initiator's bank, PROVIDED such request is not made more than 120 days from the date when the direct debit was debited to my/our account.

3. The customer acknowledges that:

- a) This authority will remain in full force and effect in respect of all direct debits passed to my/our account in good faith notwithstanding my/our death, bankruptcy or other revocation of this authority until actual notice of such event is received by the bank.
- b) In any event this authority is subject to any arrangement now or hereafter existing between me/us and the bank in relation to my/our account.
- c) Any dispute as to the correctness or validity of an amount debited to my/our account shall not be the concern of the bank except in so far as the direct debit has not been paid in accordance with this authority. Any other dispute lies between me/us and the initiator.
- a) Where the bank has used reasonable care and skill in acting in accordance with this authority, the bank accepts no responsibility or liability in respect of:
 - accuracy of information about direct debits on bank statements.
 - any variations between notices given by the initiator and the amounts of direct debits.
- e) The bank is not responsible for, or under any liability in respect of the initiator's failure to give written advance notice correctly nor for the non-receipt or late receipt of notice by me/us for any reason whatsoever. In any such situation the dispute lies between me/us and the initiator.
- f) Notice given by the initiator in terms of clause 1 a) to the debtor responsible for the payment shall be effective. Any communication necessary because the debtor responsible for payment is a person other than me/us is a matter between me/us and the debtor concerned.

4. The bank may:

- a) In its absolute discretion conclusively determine the order of priority payment by it of any monies pursuant to this or any other authority, cheque or draft properly executed by me/us and given to or drawn on the bank.
 - b) At any time terminate this authority as to future payments by notice in writing to me/us.
 - c) Charge its current fees for this service in force from time-to-time.
 - d) Upon receipt of an 'authority to transfer form' signed by me/us from a bank to which my/our account has been transferred, transfer to that bank this authority to accept direct debits.
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