

26/33

Car Insurance Proposal Form

Policy No. [REDACTED] EXPIRY DATE: **AS**

Applicant Name: **NP59**

Address: **PARAMATTA** Postcode: **2150**

City of Birth of Customer: [REDACTED] Date of Birth: [REDACTED]

Vehicle Make/Model: [REDACTED]

Year of Purchase: [REDACTED]

Registration: **NP59 and NP60**

Policy to Date From: **20/3** To: **20/3/80**

ESCORT MEDIAN

Year of Manufacture: **1973**

Year of Purchase: **7/1/78**

Registration: **NP59 and NP60**

Engine Capacity: **1100**

Power: **2999**

Insurance: **2999**

Use: **Private**

Annual Mileage: **8000**

Postcode: **2150**

ADDITIONAL INFORMATION

Have you or any person who to your knowledge will drive the vehicle over had an insurance claim declared, cancelled, renewed reduced, discontinued excess or special conditions imposed? **NO**

Have you or any person who to your knowledge will drive the vehicle ever been charged (other than parking with a parking offence or issued with a Traffic Infractions Notice under any Motor Traffic Act, or had a driving licence revoked, suspended, cancelled or endorsed)? **NO**

Have you or any person who to your knowledge will drive the vehicle during the next 6 years had an accident, fire or theft happen to a vehicle and/or made a motor vehicle claim against any insurance company? **NO accidents**

Accident Details: **None**

Is this Policy a replacement of an existing Policy covering damage to your vehicle with this or any other Company and/or you are requesting a No Claim Bonus? **NO**

Policy No.: **NRMA 6110994**

Policy Term: **18/11/80**

Have you held insurance covering damage to your vehicle and/or Third Party Property Damage Insurance with N.R.M.A. Insurance Limited during the last five years? **NO**

WARRANTY

ANY ATTEMPT TO OBTAIN INSURANCE MUST BE RETAINED BY THE APPLICANT

The insured agrees to pay the first \$100 of any one claim. Also, the insured agrees to pay an additional amount of \$100 if the vehicle is being driven by any person under the age of 25 years. For full conditions please refer to the Company's Policy, a copy of which is available upon request, after to completing this proposal.

SIGN HERE

Applicant Name: **NP59**

Signature: [Signature]

Date: **20/3/80**

| PREMIUMS | 3 | C | FOR OFFICE USE ONLY |
|-----------------------|------------|-----------|---------------------|
| 261 | 50 | | |
| Stamp Duty A.C.T. Tax | 232 | 82 | |
| TOTAL | 263 | 82 | |

Checked by: **D. W. J. Olan**

Date Paid: **20/3/80**