

Car Insurance Fact Finder



Sunshine Coast
 Phone 1800 072 114
 North & Central Queensland
 Phone 1800 629 701
www.steelpacific.com.au

Date: _____

Brokers please note: this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate.

Download and Save this file to your computer before completing.
 This file is an interactive PDF and will let you type data into the form and save it.

Advice Required Specific General

Source Yellow Pages Counter Internet Referred by: _____

CLIENT & CONTACT INFORMATION

Client Name _____
 Client Address _____
 Contact Date _____ Client Code _____
 Contact Phone _____ Contact Mobile _____
 Contact Email _____

Are you willing to accept all correspondence relating to your insurance via email? Yes No

If 'Yes' please confirm email details correct.

VEHICLE INFORMATION

| Details | Vehicle 1 | Vehicle 2 | Vehicle 3 | Vehicle 4 |
|---------------------|---|---|---|---|
| Registration Number | _____ | _____ | _____ | _____ |
| Year | _____ | _____ | _____ | _____ |
| Make | _____ | _____ | _____ | _____ |
| Model | _____ | _____ | _____ | _____ |
| Colour | _____ | _____ | _____ | _____ |
| Transmission | <input type="checkbox"/> Auto <input type="checkbox"/> Manual | <input type="checkbox"/> Auto <input type="checkbox"/> Manual | <input type="checkbox"/> Auto <input type="checkbox"/> Manual | <input type="checkbox"/> Auto <input type="checkbox"/> Manual |
| Engine Size | _____ | _____ | _____ | _____ |
| Fuel Type | <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG | <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG | <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG | <input type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> LPG |

Product

| | | | | |
|--------------------------|--|--|--|--|
| Cover Type | <input type="checkbox"/> Comp <input type="checkbox"/> TPPD <input type="checkbox"/> TPF&T | <input type="checkbox"/> Comp <input type="checkbox"/> TPPD <input type="checkbox"/> TPF&T | <input type="checkbox"/> Comp <input type="checkbox"/> TPPD <input type="checkbox"/> TPF&T | <input type="checkbox"/> Comp <input type="checkbox"/> TPPD <input type="checkbox"/> TPF&T |
| Use | <input type="checkbox"/> Private <input type="checkbox"/> Business | <input type="checkbox"/> Private <input type="checkbox"/> Business | <input type="checkbox"/> Private <input type="checkbox"/> Business | <input type="checkbox"/> Private <input type="checkbox"/> Business |
| Garaging Location | _____ | _____ | _____ | _____ |
| Garaging Type | <input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Driveway <input type="checkbox"/> Street | _____ | _____ | _____ |
| S/I or Market Value | \$ _____ | \$ _____ | \$ _____ | \$ _____ |
| Accessories | _____ | _____ | _____ | _____ |
| Security Devices | _____ | _____ | _____ | _____ |
| Under Finance | <input type="checkbox"/> Yes <input type="checkbox"/> No – Financier If 'Yes', name of financier? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No – Financier If 'Yes', name of financier? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No – Financier If 'Yes', name of financier? _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No – Financier If 'Yes', name of financier? _____ |
| N.C.B. or current rating | _____ | _____ | _____ | _____ |
| Existing Insurer | _____ | _____ | _____ | _____ |
| Expiry Date | _____ | _____ | _____ | _____ |
| Current Excess: | \$ _____ | \$ _____ | \$ _____ | \$ _____ |

Options

- Do you tow a trailer? Yes No
- Do you wish to take excess free windscreen cover? Yes No
- Do you wish to take rental car following an accident? Yes No
- Do you wish to take removal of basic excess? Yes No
- Do you require no claim bonus protection? Yes No
- Do you require restricted driver discount? Yes No
- Additional voluntary excess to reduce premium? Yes No
- Special vehicle accessories cover ? Yes No
- Other Client Specific Needs or Requests _____

Discussion Notes

Discussion Checklist

- Was a policy comparison carried out ? Yes No N/A
- Would the client like to pay monthly ? Yes No N/A
- Recommended the client read the:
 - * Policy Exclusions Yes No N/A
 - * Policy Conditions Yes No N/A
- e.g. what to do in the event of a claim.

Discussion Notes

Driver Details

| Name | Gender | DOB | Years Licensed | Owns Vehicle |
|----------|---|-------|----------------|--|
| 1) _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2) _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3) _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4) _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Claims History

| Driver | Date | Details | Insurer | Cost |
|----------|-------|---------|---------|----------|
| 1) _____ | _____ | _____ | _____ | \$ _____ |
| 2) _____ | _____ | _____ | _____ | \$ _____ |
| 3) _____ | _____ | _____ | _____ | \$ _____ |
| 4) _____ | _____ | _____ | _____ | \$ _____ |

Traffic Incident History: (Last 5 Years) – Speeding, DUI, Loss of Licence etc.

| Driver | Date | Details | Penalty | Fine |
|----------|-------|---------|---------|----------|
| 1) _____ | _____ | _____ | _____ | \$ _____ |
| 2) _____ | _____ | _____ | _____ | \$ _____ |
| 3) _____ | _____ | _____ | _____ | \$ _____ |
| 4) _____ | _____ | _____ | _____ | \$ _____ |

Quotes Obtained

| Underwriter | Via | Premium | Excess |
|-------------|-------|----------|----------|
| 1) _____ | _____ | \$ _____ | \$ _____ |
| 2) _____ | _____ | \$ _____ | \$ _____ |
| 3) _____ | _____ | \$ _____ | \$ _____ |

Other Discussion Notes or Recommendations

DUTY OF DISCLOSURE

In the past 5 years, have you or any person to be insured under this policy, been convicted of a criminal offence? Yes No

Have you, or any person to be insured under this policy, ever been declared bankrupt, in liquidation or entered into insolvency? Yes No

Has an insurance company ever declined to accept insurance from you, cancelled a policy other than by your request or declined to renew a policy held by you? Yes No

BROKER ONLY SECTION

Most Important Features

Rank which is most important to the client
(in the order of importance, 1 being most important).

- _____ Price of the Insurance;
- _____ Lower Excess;
- _____ The Insurer's Claim Paying Record / Service;
- _____ The Insurer's Credit Rating / Financial Strength;
- _____ Australian Insurer;
- _____ Other — Insert details of Other: _____

Best Interests Assessment

Will the client be better off with a new policy? Yes No

If 'Yes', detail why the client is better off: _____

Name (Print) _____ Signature _____ Date _____