



# AMPGO Personal Insurance

## Fact Finder – Adviser Use Only\*

\*The purpose of this fact finder is to gather information to provide a quotation. If you want to proceed with the quote, a declaration must be completed and signed by the customer.

### Customer Details

Client's name First Name  Last Name

Postal Address (if different than location address)

Email Address  Date of Birth  /  /

Mobile Phone  Home Phone  Business Phone

### Home Risk

Risk Start Date  /  /  Renewal Date  /  /

Cover Type  
 Maxi – Area Replacement  Flexi – Sum Insured Replacement   
 Maxi – Sum Insured Replacement  Flexi – Sum Insured Indemnity

Location Address  
 Unit / House Number   
 Street Name   
 Suburb / Town

Have you made any house (excluding contents) related insurance claims within the last 12 months? Yes  No

Is this home a holiday home? Yes  No  Is this home part of a Body Corporate complex? Yes  No

How many self-contained units are at this location? Home Only  or Home plus  units

Who occupies the home the majority of the time? Owner/Owner & Tenants/Tenants/Other

Is this home on town water supply? Yes  No  Does the home have a monitored smoke alarm? Yes  No

What year was this home built?  If this home was built pre 1945, please complete these questions:

What size is this home?  Has this home been fully re-wired since 1945? Yes  No

What size are the decks?  Does this home have any scrim walls? Yes  No

What size are all detached outbuildings and/or swimming pool or in-ground spa pool?  Has the Historic Places Trust placed any restrictions or preservation orders on this home? Yes  No

Home Value \$  (for Sum Insured cover types only)

Are there any entries against the certificate of title for this home? Yes  No

Is there any form of business run from this home? Yes  No  Details

Is there a mortgage on this home?

### Contents Risk

Risk Start Date  /  /  Renewal Date  /  /

Cover Type  
 Maxi – At & away from home  Flexi – At the home only (Indemnity Value)   
 Maxi – At the home only  Do you want contents Flexi Extra? Yes  No

Have you made any contents related insurance claims within the last 12 months? Yes  No

Does this home have a security alarm? Yes - Unmonitored  Yes – Monitored  No

Contents value \$

Specified Items

Item	Description	Value

**We strongly recommend a current valuation is obtained to support any potential claim**

**Motor Risk**

Risk Start Date  /  /  Renewal Date  /  /

Cover type:  
 Comprehensive cover  Third Party Only  Third Party, Fire and Theft

Location

Type of Use Private use  Business use  Details

**Motor details**

	Year	Make	Model	Rego	CC Rating	Audible alarm and/or immobiliser?	Garaged overnight?	Existing damage?	Accessories/ Modifications	Petrol turbocharged or supercharged?
1						Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
2						Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
3						Yes/No	Yes/No	Yes/No	Yes/No	Yes/No

Details of Accessories/Modifications:

Vehicle 1  Vehicle 2  Vehicle 3

Are any of the vehicles on Finance or Lease?

Vehicle 1  Vehicle 2  Vehicle 3

**Driver Details**

	Full Name	Birth date	Full NZ Licence held for how many years?	Gender	How many at fault accidents in last 2 years?	Main Driver of this vehicle?	Named Driver of any vehicle?
1				M/F		Yes/No	
2				M/F		Yes/No	
3				M/F		Yes/No	

Do you want to preserve your no claims discount? Yes  No

**Driver Options:**

Exclude all under 25 yr old Drivers 

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Open Driver policy 

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Vol named drivers & Exclude under 25's 

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Voluntary named drivers 

1	2	3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Driver Declaration Questions:**

Do any of the drivers have any mental or physical condition or impairment that could affect driving ability? Yes  No

Have any of the drivers had any special conditions imposed on a motor policy? Yes  No

Have any of the drivers had a driving licence suspended, cancelled or special conditions imposed? Yes  No

Have any of the drivers accumulated 51 or more demerit points on their driving licence record in the last 5 years? Yes  No

If yes, please provide details: \_\_\_\_\_

**Trailer, Caravan, Horsefloat, Motorcycle**

Year Built	Make, Builder and Model	Details	Purchase price	Purchase date