

# INSURANCE



## Extended Warranty Insurance Transfer

### IMPORTANT INFORMATION

#### EXISTING OWNER

**NOTE: A transfer cannot be accepted if the vehicle is sold via a motor dealer or motor trader.**

If you sell your vehicle privately while your warranty is still current, you may request the Toyota Finance Extra Care Administrator to transfer the warranty to the new owner, subject to the warranty conditions and our approval.

Please make sure you complete the "Vehicle" and "Existing Owner(s)" details below.

#### NEW OWNER

Please complete the "New Owner(s)" and "Payment" details over page. Send the completed form to us along with the following:

- Vehicle service history – if you cannot supply proof of scheduled servicing it may affect approval of this transfer
- Proof of private sale
- Roadworthy inspection report
- Your payment for the transfer fee of \$60.00 (including GST) by either cheque, money order or credit card - **DO NOT send cash.**

This transfer must be sent to us within 15 days of purchasing your vehicle from the existing contract owner.

Our postal address is: **Toyota Insurance Warranty Administrator, PO Box 7212, Melbourne VIC 3004.**

**The transfer of the Extended Warranty Insurance will take effect 24 hours after your payment is received and processed.**

### VEHICLE DETAILS

Registration number	Contract number	Date sold	Odometer reading at date of transfer	Date of transfer
<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"/>

### EXISTING OWNER 1

Title *		Street address *									
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>					
Given name(s) *						Property name (if applicable)					
<input type="text"/>						Unit no.	Street no.	Street name	<input type="text"/>		
Surname *						Suburb	State	Postcode	<input type="text"/>		
<input type="text"/>						Signature of Existing Owner 1				Date	
Home phone number *						<input type="text"/>				<input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="text"/>						<input checked="" type="checkbox"/>					

\* Indicates a mandatory field that must be completed so the application can be processed

### EXISTING OWNER 2

Title		Street address									
Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other <input type="checkbox"/>	<input type="text"/>					
Given name(s)						Property name (if applicable)					
<input type="text"/>						Unit no.	Street no.	Street name	<input type="text"/>		
Surname						Suburb	State	Postcode	<input type="text"/>		
<input type="text"/>						Signature of Existing Owner 2				Date	
Home phone number						<input type="text"/>				<input type="text"/> / <input type="text"/> / <input type="text"/>	
<input type="text"/>						<input checked="" type="checkbox"/>					

## NEW OWNER 1

Title *	Work phone number	Fax number	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	( )	( )	
Given name(s) *	Date of birth	Gender	Occupation
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	
Surname *	Email address		
Street address *	Preferred method of contact		
Property name (if applicable)	Email <input type="checkbox"/> Mail <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/>		
Unit no.			
Street no.			
Street name			
Suburb	State	Postcode	
Home phone number *	Mobile phone number		
( )			

\* Indicates a mandatory field that must be completed so the application can be processed

## NEW OWNER 2

Title	Work phone number	Fax number	
Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>	( )	( )	
Given name(s)	Date of birth	Gender	Occupation
	/ /	M <input type="checkbox"/> F <input type="checkbox"/>	
Surname	Email address		
Street address	Preferred method of contact		
Property name (if applicable)	Email <input type="checkbox"/> Mail <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/>		
Unit no.			
Street no.			
Street name			
Suburb	State	Postcode	
Home phone number	Mobile phone number		
( )			

## PAYMENT DETAILS

Payment method		
Cheque/Money order <input type="checkbox"/> <i>Make your cheque/money order payable to "Toyota Finance Extra Care" and return it with this form</i>		
Credit card <input type="checkbox"/> <i>Give details below – If I select this payment option, I authorise you to debit my nominated account</i>		
Type of credit card	Expiry date	Credit card number
Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/>	/	
Cardholder's name	Cardholder's signature	Date
	X	/ /

Please tick this box if you do not wish to receive any marketing material (such as special offers and discounts) from the Toyota Insurance Warranty Administrator

Office Use Only – Does this vehicle have a current financial liability with Toyota Finance?

Yes <input type="checkbox"/> Specify lease contract no.	No <input type="checkbox"/> Staff member to initial to confirm this has been checked
Application/Policy number	

Please return the completed form to: Toyota Insurance Warranty Administrator, PO Box 7212, Melbourne VIC 3004

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