

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 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)" 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
- Once we have processed your paperwork, we will contact you to confirm acceptance of the transfer and advise you of payment options for the \$60 transfer fee.

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

Our email address is: insurance@toyota.com.au

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

VEHICLE DETAILS

Registration number	Policy 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"/>						
<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"/>						
<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
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>
Surname *		Occupation	
Street address *		Email address	
Property name (if applicable)			
Unit no.	Street no.	Preferred method of contact	
		Email <input type="checkbox"/> Mail <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/>	
Suburb	State	Signature of New Owner 1	
	Postcode	Date	
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
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>
Surname		Occupation	
Street address		Email address	
Property name (if applicable)			
Unit no.	Street no.	Preferred method of contact	
		Email <input type="checkbox"/> Mail <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/>	
Suburb	State	Signature of New Owner 2	
	Postcode	Date	
Home phone number		/ /	
()			
Mobile phone number			

Mark this box if you do not wish to receive any marketing material (such as special offers and discounts) from Toyota Insurance

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 via email to: insurance@toyota.com.au

T 1300 658 027 F 03 9867 3640 E insurance@toyota.com.au
toyotainsurance.com.au

Toyota Insurance is issued by Toyota Finance Australia Limited ABN 48 002 435 181, AFSL and Australian Credit Licence 392536.
The insurer is Aioi Nissay Dowa Insurance Company Australia Pty Ltd ABN 11 132 524 282, AFSL 443540.

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