



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	e sold Odor	neter read	ling at date	of transfer	Date of transfer
EXISTING OWNER 1					
Title * Mr Mrs Miss Ms Dr Other Given name(s) *	Prope	rty name licable)	* Street no.	Stree	
Surname *	Subur	b		State	Postcode
Home phone number * () * Indicates a mandatory field that must be completed s EXISTING OWNER 2	X		xisting Ow i	ner 1	Date / /
Title Mr Mrs Miss Ms Dr Other Given name(s)	Prope	rty name licable)	Street no.	Stree	
Surname	Subur	b		State	Postcode
Home phone number	Sign:	ature of Ex	xisting Ow	ner 2	Date / /

NEW OWNER 1					
Title *	Work phone number Fax number				
Mr Mrs Miss Ms Dr Other	()				
Given name(s) *	Date of birth Gender Occupation				
	/ / M F F				
Surname *	Email address				
Street address *	Preferred method of contact				
Property name (if applicable)	Email Mail Work phone Mobile phone Fax				
Unit no. Street no. Street name	Signature of New Owner 1 Date				
Suburb State Postcode	/ / /				
Home phone number * Mobile phone number					
()					
* Indicates a mandatory field that must be completed so the applica	ation can be processed				
	,				
NEW OWNER 2					
Title	Work phone number Fax number				
Mr Mrs Miss Ms Dr Other					
Given name(s)	Date of birth Gender Occupation				
	/ / M F				
Surname	Email address				
Street address	Preferred method of contact				
Property name (if applicable)	Email Mail Work phone Mobile phone Fax				
Unit no Street Street					
	Signature of New Owner 2 Date				
	🗶				
Home phone number Mobile phone number	, , , , , , , , , , , , , , , , , , ,				
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Mark this box if you do not wish to receive any marketing mater (such as special offers and discounts) from Toyota Insurance	ial 🕨 🔲				
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Mark this box if you do not wish to receive any marketing mater (such as special offers and discounts) from Toyota Insurance					
Mark this box if you do not wish to receive any marketing mater (such as special offers and discounts) from Toyota Insurance Office Use Only – Does this vehicle have a current financial liability	with Toyota Finance?				
Mark this box if you do not wish to receive any marketing mater (such as special offers and discounts) from Toyota Insurance					

Please return the completed form via email to: insurance@toyota.com.au