



# Assurance Cover Australia

1 Gus Street,  
Yeerongpilly, QLD, 4105  
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## AMENDMENT FORM

PLEASE EMAIL OR FAX THIS ONCE COMPLETED.

Member Name \_\_\_\_\_ Membership Number \_\_\_\_\_

Change of Address/Ownership to \_\_\_\_\_

Is this vehicle an additional, replacement or cancelled vehicle? \_\_\_\_\_

If it is a replacement vehicle, which cab is it replacing? \_\_\_\_\_

Cab Number \_\_\_\_\_ T Plate \_\_\_\_\_

Reason  Decommissioned  Write-off  Change of Plates  Cancellation

(Please tick)

COVER TYPE REQUIRED: **COMPREHENSIVE OR TPPD with Public Liability (PLEASE CIRCLE)**

EFFECTIVE DATE: \_\_\_\_\_

Details of new vehicle: \_\_\_\_\_

Fleet No, Taxi Company & Colour \_\_\_\_\_

T- Plate \_\_\_\_\_

Year/Make/Model/Body \_\_\_\_\_

VIN \_\_\_\_\_ Engine \_\_\_\_\_

Odometer \_\_\_\_\_

Date on / off Road \_\_\_\_\_

Registered Owner/s \_\_\_\_\_

Is the vehicle under finance?  YES  NO

If yes, who is the financier? \_\_\_\_\_

Reason for Cancellation? \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

MEMBERS ABN NUMBER \_\_\_\_\_