

## Extended Factory Warranty Transfer Application

### 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 Lexus Premium 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 Lexus vehicle from the existing contract owner.

Our postal address is: **Lexus Premium Care Administrator, Locked Bag 980, Milsons Point NSW 1565.**

**The transfer of the Extended Factory Warranty 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="text"/>
Given name(s) *		Property name (if applicable)			
<input type="text"/>		Unit no.	Street no.	Street name	
Surname *		Suburb	State	Postcode	
<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"/>					

\* 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="text"/>
Given name(s)		Property name (if applicable)			
<input type="text"/>		Unit no.	Street no.	Street name	
Surname		Suburb	State	Postcode	
<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"/>					

## 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	
		Email address	
		Preferred method of contact	
Street address *		Email <input type="checkbox"/> Mail <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/>	
Property name (if applicable)			
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
		/ /	M <input type="checkbox"/> F <input type="checkbox"/>
Surname		Occupation	
		Email address	
Street address		Preferred method of contact	
Property name (if applicable)			
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"/> Make your cheque/money order payable to "Lexus Premium Care" and return it with this form	
Credit card <input type="checkbox"/> Give details below - If I select this payment option, I authorise you to debit my nominated account	
Type of credit card	Expiry date
Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/>	/
Credit card number	
Cardholder's name	Cardholder's signature
	Date
	/ /
Tick this box if you do not wish to receive any marketing material (such as special offers and discounts) from the Lexus Lexus Premium Care Administrator <input type="checkbox"/>	
Office Use Only - Does this vehicle have a current financial liability with Lexus Financial Services?	
Yes <input type="checkbox"/> Specify lease contract no.	No <input type="checkbox"/> Staff member to initial to confirm this has been checked

Please return the completed form to: Lexus Premium Care Administrator, Locked Bag 980, Milsons Point NSW 1565

T 1300 888 840 E insurance@lexus.com.au  
lexusinsurance.com.au