

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 Warranty Administrator, PO Box 7212, Melbourne VIC 3004.**

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

VEHICLE DETAILS

Registration number <input type="text"/>	Contract number <input type="text"/>	Date sold <input type="text"/> / <input type="text"/> / <input type="text"/>	Odometer reading at date of transfer <input type="text"/>	Date of transfer <input type="text"/> / <input type="text"/> / <input type="text"/>
---------------------------------------------	-----------------------------------------	---------------------------------------------------------------------------------	--------------------------------------------------------------	----------------------------------------------------------------------------------------

EXISTING OWNER 1

Title * Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>		Street address * Property name (if applicable) <input type="text"/>			
Given name(s) * <input type="text"/>		Unit no.	Street no.	Street name	
Surname * <input type="text"/>		Suburb	State	Postcode	
Home phone number * (<input type="text"/>) <input type="text"/>		Signature of Existing Owner 1 <input type="text"/>			Date <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 Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>		Street address Property name (if applicable) <input type="text"/>			
Given name(s) <input type="text"/>		Unit no.	Street no.	Street name	
Surname <input type="text"/>		Suburb	State	Postcode	
Home phone number (<input type="text"/>) <input type="text"/>		Signature of Existing Owner 2 <input type="text"/>			Date <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	
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.	Signature of New Owner 1	
Street no.	Date	
Street name	/ /	
Suburb	X	
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)	Email <input type="checkbox"/> Mail <input type="checkbox"/> Work phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Fax <input type="checkbox"/>	
Unit no.	Signature of New Owner 2	
Street no.	Date	
Street name	/ /	
Suburb	X	
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	Credit card number
Bankcard <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/>	/	
Cardholder's name	Cardholder's signature	Date
	X	/ /

Tick this box if you do not wish to receive any marketing material (such as special offers and discounts) from the Lexus Premium Care Warranty Administrator

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 Warranty Administrator, PO Box 7212, Melbourne VIC 3004

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