

# Motor insurance proposal

## Important notices

Policy Number

### Please read this section before completing this proposal

**Your Duty of Disclosure:** Before you enter into this insurance contract with us for the first time, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you apply for this policy.

When you answer these questions, you must:

- give us honest and complete answers
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

#### Who does the duty apply to?

Everyone who is insured under the policy must comply with the relevant duty.

**What happens if you or they breach the duty?** If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

**Duty on renewals, variations and reinstatements:** A different duty applies for any variation or renewal or reinstatement of the policy. Please refer to your policy wording for this duty.

#### Definitions:

**"We", "our", "us" or "my insurer"** means Allianz Australia Insurance Limited ABN 15 000 122 850.

**"You", "your"** means the person proposing for this insurance.

**"Excess"** means the amount you must pay towards the cost of any claim under your policy.

#### Vehicle finance:

You need to give us details of all third parties who will have a financial interest in the vehicle (such as banks, credit unions and finance companies).

#### Privacy Act 1988

The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and other information in order to:

- decide whether to issue a policy;
- determine the terms and conditions of your policy;
- compile data; and
- handle claims.

We disclose personal information to third parties who we believe are necessary to assist us and them in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents and others involved in the claims handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529, EST 9am-5pm, Monday-Friday and advise us of the changes. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

From time to time we may advise or offer you information on other Allianz products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please call the Allianz Direct Marketing Privacy Service Line – Freecall 1800 000 284, EST 9am-5pm, Monday-Friday.

**How to fill out this form:** For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

If there is inadequate space to answer any questions, please attach a separate sheet of paper. Show the page number, section and question number before the information you wish to add, eg, Page 3, Previous Insurance – ABC Insurance, comprehensive, policy number XY6543, ceased 5/11/2001.

## Personal details

### Proposer 1

Mr  Mrs  Miss  Ms  Other

First name(s)

Family name

Date of birth  /  /

Home phone number

Business phone number

Occupation/business

Postal address

Postcode

### Proposer 2 (Complete if policy is to be in more than one name)

Mr  Mrs  Miss  Ms  Other

First name(s)

Family name

Date of birth  /  /

Home phone number

Business phone number

Occupation/business

Postal address

Postcode

## Period of insurance

From  am/pm Effective Date on  /  /  Expiry Date to 4pm on  /  /

You may choose from 3 different types of cover. These are comprehensive, third party property damage only and third party property damage, fire and theft. Please refer to your motor vehicle insurance policy wording for full details of the cover provided by each type of insurance.

**(Office Use Only)** Date proposal received  /  /  Time  AM / PM

This Insurance is provided by Allianz Australia Insurance Limited ABN 15 000 122 850 Registered Office: 2 Market Street Sydney NSW 2000

**Policy Type**

- Classic Motor       Prestige Motor

**Level of cover required**

1. Please tick one box only to indicate the type of insurance you require.  
a.  Comprehensive    Market value or  Agreed value\* Enter agreed value required \$ \_\_\_\_\_  
b.  Third party property damage only

**Policy options for comprehensive insurance only**

2. Please refer to your policy wording BEFORE selecting any of these options. Some of the following options may restrict your cover and/or the amount of premium you pay may be increased.
- \* Removal of basic excess for all claims       \* Increase basic excess by \_\_\_\_\_  
 \* Removal of basic excess for windscreen claims       Rental or loan car following an accident.  
 \* Protected no claims bonus – only available if you have a full no claims bonus.       Restricted Driver  
\* Not available in all States. Your insurance provider will advise you what covers are available.

**Vehicle details**

**Vehicle finance**

1. Does anyone have a financial interest in your vehicle?  Yes    No  
a. If "yes" indicate the type of financial arrangement:  
 Personal loan    Lease    Bill of sale    Finance    Other (give details) \_\_\_\_\_  
b. Name and address of finance provider \_\_\_\_\_

**Vehicle purchase**

2. Was your vehicle purchased  privately    from a dealer    at auction    Other \_\_\_\_\_  
Purchase date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_   Purchase price \$ \_\_\_\_\_

**Vehicle location**

3. Suburb where vehicle is parked at night \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

**Vehicle parking**

4. Where is your vehicle parked at night?  Garaged    Parked off street in driveway/carport or    Parked on street

**Make/Model**

5. Make eg: Ford \_\_\_\_\_ Month and year of manufacture \_\_\_\_\_  
6. Model and series eg: Falcon GLi \_\_\_\_\_ Colour \_\_\_\_\_

**Vehicle Registration**

7. a. Registration number \_\_\_\_\_ b. Expiry date of registration \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
c. In whose name is the vehicle registered? \_\_\_\_\_  
d. If name is different to proposer(s) why is the policy to be in the name of the proposer(s)? \_\_\_\_\_

**Vehicle usage**

8.  Private    Business If "business" please describe your occupation and for what purpose the vehicle will be used \_\_\_\_\_

**Type of vehicle**

9. Indicate below whether the vehicle is a:  
 sedan    station wagon    hatchback    coupe    convertible    2 door    3 door    4 door    5 door  
or a  utility    panel van    truck    other (give details) \_\_\_\_\_

Tare weight as shown on registration certificate \_\_\_\_\_

10. **Transmission:**  automatic    manual    4WD

**11. Engine details**

Please supply the following information about the vehicle's engine:

- a. No. of cylinders \_\_\_\_\_ cyls      b. How is the engine fuelled:  petrol    diesel    L.P.G.  
c. Is the engine turbo charged?  Yes    No   If "Yes" was the turbo fitted by the manufacturer?  Yes    No

**Vehicle modifications**

12. If there have been any modifications which are not standard or supplied by the manufacturer and which enhance its performance (eg: engine modifications, lowered suspension, etc), please give details below.

Nature of modification	Description (eg. make, model, etc.)	Current Value
		\$
		\$
		\$

**Fitted or non-standard extras and accessories**

13. If any optional extras or accessories have been fitted, which are not standard factory fitted extras or accessories and which enhance the vehicle's value or appearance (eg: CD player, alloy wheels, tinted windows, etc), please give details below.

Item	Description (eg. make, model, etc.)	Current Value
		\$
		\$
		\$

**Security devices**

14. Does the vehicle have any security devices fitted (eg: alarm, engine immobiliser, etc)?  Yes  No  
If "Yes" please give details below


**Condition of the vehicle**

15. Does the vehicle have any existing damage?  Yes – If "Yes" indicate the type of damage below  No  
 Impact damage  Rust damage  Mechanical/accessory damage  Hail damage  
 Interior damage  Other damage

**Previous Insurance**

16. Has the current vehicle been uninsured for more than the past 30 days?  Yes  No

Previous insurer  Previous policy number   
 When did this policy expire?  /  /  No claim bonus rating

A no claim bonus will not be given unless you provide documentary evidence of your entitlement to it in the form of your current renewal notice or a letter from your last insurer.

**Nominated driver details**

It is important that you list the names of everyone (including you) who will drive the insured vehicle more than 12 times a year. If during the currency of the policy, any person under 25 years of age becomes a regular driver of the vehicle you should inform us immediately.

Driver's names [proposer's] first	Gender M/F	Date of birth	Number of years fully licensed in Australia	Estimated % of total use by each driver	Registration No. of own vehicle
		/ /		%	
		/ /		%	
		/ /		%	

**Accident, claims and personal details (This section must be fully completed)**

- During the last 5 years, have you or any person who will regularly drive your vehicle:
  - had any fines or penalties imposed for a traffic offence, other than a parking fine;  Yes  No
  - been convicted of any driving related alcohol or drug offences;  Yes  No
  - had a driver's licence cancelled or suspended or been disqualified from holding a driver's licence for any period;  Yes  No
  - been responsible for causing any motor accident;  Yes  No
  - had any other incidents involving vehicle damage or vehicle theft?  Yes  No
- Have you or anyone permanently residing with you, been convicted of any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property during the last 10 years?  Yes  No
- Have you been declared bankrupt and not been discharged for at least one year?  Yes  No
- During the last 5 years, has any insurer refused to insure any motor vehicle for you or any person who will regularly drive your vehicle?  Yes  No

If you have answered "Yes" to any of the questions, please provide details in the space below including the name of any insurer involved. You can obtain your driving record from the licensing authority in your State.

Date	Full details (including name of driver and insurer where relevant)
/ /	
/ /	
/ /	
/ /	

**Exceptional circumstances**

Is there any other information which is special or individual to you that may be relevant to us in deciding whether to insure you? If so, please provide details in the space below.

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**Declaration**

This declaration applies to all the insurance you are applying for in this proposal.

I declare that I have:

- received a copy of the policy wording;
- read the information concerning the duty of disclosure and other important notices;
- answered every question fully and frankly;
- either completed this proposal form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

**If anything happens during the period of insurance which alters any of the information I have provided, I will promptly inform Allianz Australia Insurance Limited**

**I realise that if I have not complied with my duty of disclosure my claim may not be met.**

By signing the proposal I authorise Allianz to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied.
- I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal.

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

Signed by first proposer	Date	Signed by second proposer	Date
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**For office use only**

Intermediary: Agency No.: Type of cover: Class: Vehicle code: Finance: Use of vehicle: Garaged/postcode Vehicle points: Market value – (y/n): Agreed value – (y/n): \$ Vehicle modifications: \$ Fitted accessories/extras: \$	If referral to the insurers required – date referred: Name of approving officer: Replacing policy number: Cover note number: _____ Date issued: _____ <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Excess – Basic: \$</td> <td style="width: 20%;">Premium –</td> <td style="width: 20%;">Annual</td> <td style="width: 30%;">Instalment</td> </tr> <tr> <td>Windscreen:</td> <td>Coy. premium:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>NCB Rating No.:</td> <td>Stamp duty:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>NCB checked:</td> <td>Total payable:</td> <td>\$</td> <td>\$</td> </tr> <tr> <td>Protected NCB:</td> <td>Commission:</td> <td>\$</td> <td>\$</td> </tr> </table> Notes:  Messages:	Excess – Basic: \$	Premium –	Annual	Instalment	Windscreen:	Coy. premium:	\$	\$	NCB Rating No.:	Stamp duty:	\$	\$	NCB checked:	Total payable:	\$	\$	Protected NCB:	Commission:	\$	\$	Accepted by – I.D.: Date: Init'l:
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