



COMMERCIAL MOTOR VEHICLE PROPOSAL

Global Motor Underwriting Agency P/L
 ABN 93 069 048 255
 100 Christie Street St Leonards NSW 2065
 PO Box 507 St Leonards NSW 1590
 Ph: (02) 9966 8820 Fax: (02) 9966 8840

COVER NOTE No.: _____ **POLICY No.:** _____

IMPORTANT INFORMATION

YOUR DUTY OF DISCLOSURE

Before You enter into a contract of general insurance with Us, You have a duty, under the Insurance Contracts Act 1984 to disclose to Us every matter that You know, or could be reasonably be expected to know, is relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms. You have the same duty to disclose those matters to Us before You renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matter

- that diminishes the risk to be undertaken by Us;
- that is common knowledge,
- that We know or, in the ordinary course of business, ought to know;
- as to which compliance with Your duty is waived by Us.

NON-DISCLOSURE

If you fail to comply with Your duty of disclosure We may be entitled to reduce Our liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent We may also have the option of avoiding the contract from its beginning.

1. PERIOD of INSURANCE From _____ / _____ / _____ To _____ / _____ / _____ at 4.00p.m

2. PROPOSER Surname _____ Christian/Given Name(s) _____ Date of Birth _____ Sex _____ ABN Number _____

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(If a Company, or Business etc state the full Registered Name and Trading Name above)

3. ADDRESS of PROPOSER (registered address of company or business or residential address for others)

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4. POSTAL ADDRESS of PROPOSER

Name:

Address:

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Telephone Number Home Business Facsimile

5. GST

Are you registered for GST Yes No

To what extent are you entitled to claim an Input Tax Credit on your insurance premiums %

6. OCCUPATION/BUSINESS of PROPOSER (Please describe fully the nature of all operations)

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Underwritten by Allianz Australia Insurance Ltd ACN 000 122 850

7. DRIVING and CLAIMS HISTORY

Have you or your intended driver ever:

- (i) Been fined or convicted of a speeding or other traffic offence (other than parking) within the last 5 years Yes No
- (ii) Had a driving licence endorsed, suspended or cancelled Yes No
- (iii) Had an insurance declined or cancelled, or a renewal Yes No
- (iv) Been convicted with Prescribed Concentration of Alcohol (PCA), Driving Under Influence (DUI) Yes No
- (v) Had any accidents, fires or lodged a claim in connection with a motor Vehicle within the last 5 years Yes No
- (vi) Suffered from any physical or mental condition which could affect their driving performance (eg. epilepsy, diabetes, heart condition, faulty eyesight) Yes No

If "Yes" please provide full details

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8. ADDITIONAL INFORMATION

Is there any additional information you should tell us that may affect our decision to insure you? Yes No

If "Yes" please provide details

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NB Refer to "IMPORTANT INFORMATION - YOUR DUTY OF DISCLOSURE"

9. DECLARATION

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. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS) etc or other parties as required by law. If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have a right to seek access to your personal information and to correct it at any time by contacting us during office hours.

I/we declare that the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only persons whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declinature of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Global Motor will be unable to process your proposal.

Signature Date/...../.....

Signature Date/...../.....