

Motor insurance proposal

Motor

Intermediaries

Policy Number

Important notices

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).

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.

--

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		Signed by second proposer	
Date		Date	

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: 30%;">Premium – Annual</td> <td style="width: 40%;">Instalment</td> </tr> <tr> <td>Windscreen:</td> <td>Coy. premium: \$</td> <td>\$</td> </tr> <tr> <td>NCB Rating No.:</td> <td>Stamp duty: \$</td> <td>\$</td> </tr> <tr> <td>NCB checked:</td> <td>Total payable: \$</td> <td>\$</td> </tr> <tr> <td>Protected NCB:</td> <td>Commission: \$</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: Entered by – I.D.: Date: Init'l:
Excess – Basic: \$	Premium – Annual	Instalment															
Windscreen:	Coy. premium: \$	\$															
NCB Rating No.:	Stamp duty: \$	\$															
NCB checked:	Total payable: \$	\$															
Protected NCB:	Commission: \$	\$															