

motor vehicle

insurance application
for privately owned
non-commercial
vehicles (excluding
motorcycles)

motor vehicle



Please read the following information before you complete the application.

Keep this information for your records.

Please read and keep the product disclosure statement and policy booklet for this insurance.

What you must tell us when you apply to take out this policy

When applying to take out insurance we will ask you certain questions. When answering these questions, you must be honest, and you have a duty under the *Insurance Contracts Act 1984* to tell us anything:

- ◆ known to you, and
- ◆ which a reasonable person in the circumstances, would include in answer to any question.

We will use your answers to help us decide whether to insure you and anyone else under this policy, and on what terms.

Who you are answering the questions for

It is important that you understand you are answering the questions in this way on behalf of yourself and anyone else that you want to be covered by the policy.

If you do not answer our questions in this way

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never being in place.

Your duty does not require disclosure of anything that:

- ◆ diminishes the risk to be undertaken by us
- ◆ is of common knowledge
- ◆ we know or, in the ordinary course of business, ought to know, or
- ◆ is a matter that we indicate your duty has been waived by us.

If you do not comply with your duty of disclosure

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

Some things you should note

- ◆ The policy you are applying for will not provide any insurance cover for anything that may have happened before the policy started.
- ◆ You must pay the excess when a claim occurs. Please refer to the product disclosure statement for the definition of excess.
- ◆ If you select Nominated Driver Motor Vehicle Insurance cover:
 - there will be no insurance cover if your car is driven by any person under 25 years of age.
 - and your car is driven by any person 25 years of age or over, who is not a Nominated Driver, the policy excess will be doubled.
- ◆ Nominated Driver Low Kilometre Motor Vehicle Insurance is not available in Tasmania.
- ◆ The insurance cover you are applying for starts when we accept your application. The commencement date of your insurance will be shown on the schedule we will send you. We have the right not to accept your application.
- ◆ The purchase of No Claim Bonus Protection is only available if the applicant holds No Claim Bonus Rating 1 entitlement. However, No Claim Bonus Protection is automatically provided as a benefit under the policy when the applicant has held his/her drivers licence for eight years or more and has not had any at fault claims in the last two years.

When complete, please forward this application to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
 - your Insurance adviser or
 - your local CGU Insurance office.

Motor Vehicle Insurance Application

(car, trailer or horse float)

Please answer all questions. This will help us to process your application quickly.
If you need more space to answer any of the questions, please use a separate sheet of paper.
Any attachments will form part of this application and the declaration will include them.

Period of insurance

The date you would like your policy to start

 / /

The expiry date of your policy will be 4.00 p.m. on

 / /

CGU Insurance use only

Policy no.

 : : : : : : : : :

Account no.

 : : : : : : :

Acceptance

Account name

Use of your vehicle

- Is your vehicle registered in the name of a business, company or partnership?
No ☐ Yes ☐ Do not complete this application.
- Will your vehicle be driven for business purposes by anyone other than the registered owner(s)?
No ☐ Yes ☐ Do not complete this application.
- Will your vehicle be used by you in connection with your business?
No ☐ Yes ☐ Do not complete this application.
- Will your vehicle be used to carry goods for payment? (Do not include charity work such as Meals on Wheels)
No ☐ Yes ☐ Do not complete this application.
- Will your vehicle be used to transport people for payment? (Do not include private pooling arrangements or travelling allowance paid by your employer)
No ☐ Yes ☐ Do not complete this application.

Applicant(s) details (Note: The applicant must be the registered owner)

	Surname	Given name(s)	Occupation
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Postcode

Private telephone no. Business telephone no.

All people who will drive your vehicle

Applicant(s)	Surname	Given name(s)	Age	Sex	Date of birth	% use of vehicle	Licence no.	Year licence obtained	Licence state of issue
1.	As shown above	As shown above	<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	As shown above	As shown above	<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other people who will drive your vehicle

Note: If you wish to have a **Nominated Driver Motor Vehicle Policy** or a **Nominated Driver Low Kilometre Motor Vehicle Policy** (not available in Tasmania), cover is only available for a maximum of two drivers.

	Surname	Given name(s)	Age	Sex	Date of birth	% use of vehicle	Licence no.	Year licence obtained	Licence state of issue
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of the car, trailer or horse float (please provide full details as applicable)

Make	Model	Variant (e.g. GLi)	Year
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Body type	No. of doors	Engine size	No. of cylinders
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Type of transmission		Fuel type	
Automatic <input type="checkbox"/> Manual <input type="checkbox"/> Variable <input type="checkbox"/>		Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Gas <input type="checkbox"/>	
Engine type		Vehicle Identification Number (VIN)	
Fuel injected <input type="checkbox"/> Turbo <input type="checkbox"/> Carb <input type="checkbox"/>		<input style="width: 90%;" type="text"/>	
Date purchased	Price paid	Current estimated value	Registration number
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
		Current odometer reading	
		<input style="width: 90%;" type="text"/> km	

Is the vehicle modified?

Note: Modifications are defined as enhancements that effect the performance, safety, or change the characteristics of the vehicle beyond the manufacturer's specifications. A premium loading and additional excess will be applicable to the vehicle subject to acceptance criteria.

No <input type="checkbox"/> Yes <input type="checkbox"/> Please give details <input type="checkbox"/>	Modification	Cost
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Is the vehicle fitted with any **non-standard** or **after market accessories** (excluding manufacturers **optional accessories**)?

Note: 1. **Standard accessories** mean accessories that come standard with the vehicle at time of manufacture.

2. **After market accessories** mean accessories that were fitted after the vehicle left the manufacturer.

3. **Optional accessories** mean accessories that were available but optional from the manufacturer at the time of manufacture.

No <input type="checkbox"/> Yes <input type="checkbox"/> Please give details <input type="checkbox"/>	Accessory	Cost
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Is the vehicle fitted with any non-standard security devices? (Excluding manufacturer optional accessories e.g. alarm system, engine mobiliser, tracking system, transmission lock.)

No <input type="checkbox"/> Yes <input type="checkbox"/> Please give details <input type="checkbox"/>	Device	Brand	Cost
	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Is the vehicle maintained in a roadworthy condition, in working order, free from mechanical defects and in an undamaged condition?

Yes ☐ No ☐ Please give details ☐

Was the vehicle privately imported into Australia or as part of a low volume compliance scheme? No ☐ Yes ☐

Was the vehicle manufactured from a kit, reconstructed from parts or home made? No ☐ Yes ☐

Where is your vehicle usually parked overnight?

Suburb/Town	Postcode	State
<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

Garage ☐ Carport ☐ Driveway ☐ Street ☐ Other

Where is your vehicle usually parked during the day?

Railway car park ☐ Near railway station ☐ Security car park - under cover ☐ Security car park - not covered ☐

Covered car park ☐ Uncovered car park ☐ At home ☐ Street ☐ Other

Party with a financial interest in the vehicle (e.g. Bank, Credit Union, Finance Co. etc.)

Is the vehicle subject to any financial arrangement?

No ☐ Yes ☐ Secured Bank Loan ☐ Secured Credit Union/Building Society ☐ Secured Finance Company ☐
 Novated Lease ☐ Other Lease ☐ Unsecured Personal Loan ☐ Hire Purchase ☐ Bailee ☐
 ▶ Loan Number Lender's name and address
 Postcode

Type of policy cover

Please tick the type of cover you want. Please tick one box only.

Type of policy	Type of cover		
	Comprehensive	Fire, Theft & Third Party Property Damage	Third Party Property Damage
Motor Vehicle Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominated Driver Motor Vehicle Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nominated Driver Low Kilometre Motor Vehicle Insurance (not available in Tasmania)	<input type="checkbox"/>	Not available	Not available

Excess

Would you like to vary the basic excess?

No ☐ Yes ☐ Please select one of the following options.
☐ Nil Excess (an additional premium will apply)
☐ Double standard excess (a premium discount will apply)
☐ Triple standard excess (a premium discount will apply)

Note: The basic excess cannot be NIL for **Nominated Driver** or **Nominated Driver Low Kilometre** policies or where a special excess is imposed.

Comprehensive Cover

If you have chosen Comprehensive cover:

- a) Do you want to be able to claim one windscreen repair or replacement in a year without affecting your No Claim Bonus or paying any policy excess?

No ☐ Yes ☐ You must pay an additional premium.

Note: Not available for trailers.

- b) Do you want to purchase No Claim Bonus Protection?

Note: Only available if applicant is on maximum No Claim Bonus.

No ☐ Yes ☐ You must pay an additional premium. Please select one of the following options.

☐ **One at fault** claim during period of insurance.

☐ **All at fault** claims during period of insurance.

Note: Not available for trailers or horsefloats.

- c) Please tick the method of settlement you require if your vehicle is to be declared a **total loss**.

Note: **Total loss** means when your vehicle is damaged and in our opinion is beyond repair, or is stolen and not recovered.

☐ **Market value** means the amount of money it would cost to replace your vehicle in your local area with an identical vehicle. We take into account the condition of your vehicle. This amount includes any GST and stamp duty you must pay for the transfer of ownership of the replacement vehicle. **OR**

☐ **Agreed value** means the fixed amount we agree to insure your vehicle for during the current period of insurance. This includes modifications, manufacturers' options and accessories that we have agreed to insure.

If your preferred sum insured is acceptable to us, you will be required to pay an additional premium.

Please indicate your preferred sum insured \$

Questionnaire: All questions must be answered by each of the applicants and not by your insurance adviser.
If insufficient space, please provide additional details on a separate page.

Please tick (✓) Yes or No and give details as requested.					Yes	No
1. Have you, or any other applicant, or any driver you expect may drive the vehicle who will receive insurance cover under this policy, had a conviction for criminal offences in the last five years?					<input type="checkbox"/>	<input type="checkbox"/>
If Yes , complete the details below:						
Full name of person	Date of offence	Details of the conviction				
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>				
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>				
2. Have you, or any other applicant, or any driver you expect may drive the vehicle who will receive insurance cover under this policy, been convicted of driving under the influence of alcohol or drugs, or exceeding the prescribed concentration alcohol level in the last five years?					<input type="checkbox"/>	<input type="checkbox"/>
If Yes , complete the details below:						
Full name of person	Date of offence	Nature of offence or endorsement	Blood alcohol % reading	Penalty or fine imposed		
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
3. Have you, or any other applicant, or any driver you expect may drive the vehicle, had their licence cancelled or suspended in the last five years?					<input type="checkbox"/>	<input type="checkbox"/>
If Yes , complete the details below:						
Full name of person	Date of offence	Details of licence cancellation or suspension	Penalty or fine imposed			
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>			
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>	<input type="text"/>			
4. Have you, or any other applicant, or any driver you expect may drive the vehicle, had insurance refused or cancelled or required special conditions to insure you for motor vehicle insurance in the last five years? (Please read the inside cover of this application before you answer this question).					<input type="checkbox"/>	<input type="checkbox"/>
If Yes , complete the details below:						
Full name of person	Name of insurance company	Action taken by insurance company	Date of action			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>			
5. Have you, or any other applicant, or any driver you expect may drive the vehicle, been involved in an at fault vehicle accident, or claimed against an insurance company for damage to a vehicle, in the last two years?					<input type="checkbox"/>	<input type="checkbox"/>
If Yes , complete the details below:						
a) Full name of person	Date of occurrence	Brief details (e.g. hit other vehicle in rear)				
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>				
Registration no. of your vehicle	Your damage	Other damage	Your insurance company's name			
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>			
Was the claim submitted to your insurance company?					No <input type="checkbox"/>	Yes <input type="checkbox"/>
b) Full name of person	Date of occurrence	Brief details (e.g. hit other vehicle in rear)				
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>				
Registration no. of your vehicle	Your damage	Other damage	Your insurance company's name			
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	<input type="text"/>			
Was the claim submitted to your insurance company?					No <input type="checkbox"/>	Yes <input type="checkbox"/>

Please tick (✓) Yes or No and give details as requested.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

6. Are there any exceptional circumstances relating to the risk to be insured that you have not already told us about, and that you know or should know may affect our decision to insure you?
If **Yes**, give details below.

7. If you do not wish to receive any marketing material directly from us (such as special offers and discounts) tick this box. ☐

8. I/We declare that:

- The information in this application is true and correct and I/we have not withheld any relevant information.
- I/We understand that any statement made in this application will be treated as a statement made by all of the people to be insured.
- I/We have received and read the Motor Vehicle Insurance product disclosure statement and policy booklet and agree to accept the insurance subject to the terms, conditions, exclusions and limitations of the policy.
- I/We acknowledge that I am/we are aware of the Duty of Disclosure and that I/we have complied with it in completing this application form.
- I/We acknowledge that the insurance applied for in this application will not become effective until the application is accepted by the issuer in writing.

I/We authorise CGU Insurance to collect or disclose any personal information relating to this insurance policy to/from any third party who you have been dealing with in respect to this insurance policy and who referred you to CGU Insurance, another insurer or an insurance reference service.

Signature of the Applicant

Date

 / /

Signature of the Applicant

Date

 / /

Please indicate the number of additional pages attached to this application

Office Use Only

District	<input type="text"/>	Premium	\$ <input type="text"/>
Category	<input type="text"/>	Agreed Value Option	\$ <input type="text"/>
Rating Number	<input type="text"/>	Load or Discount for Excess	\$ <input type="text"/>
Year of Birth	<input type="text"/>	Windscreen Option	\$ <input type="text"/>
Year of Manufacture	<input type="text"/>	No Claim Bonus Protection	\$ <input type="text"/>
Finance Type	<input type="text"/>	Sub Total	\$ <input type="text"/>
Vehicle Sub Number	<input type="text"/>	Fire Services Levy	\$ <input type="text"/>
Vehicle Make	<input type="text"/>	GST	\$ <input type="text"/>
Protected No Claim Bonus	<input type="text"/>	Stamp Duty	\$ <input type="text"/>
Sum Insured Type	<input type="text"/>	Amount Payable	\$ <input type="text"/>
Excess Type	<input type="text"/>		
Modifications	<input type="text"/>		
Gender	<input type="text"/>		
Security	<input type="text"/>		
Employment Status	<input type="text"/>		
Goodwill	<input type="text"/>		
Overnight Parking	<input type="text"/>		
Daytime Parking	<input type="text"/>		
Voluntary Excess	<input type="text"/>		
Policy Owner Type	<input type="text"/>		
Youngest Owner DOB	<input type="text"/>		
Youngest Owner Gender	<input type="text"/>		

Payment Authority

I wish to pay my premium by:

Credit card ☐ Please complete Sections A & B

Direct debit from my/our nominated account ☐ Please complete Sections A & C

Payment frequency: Monthly ☐ Yearly ☐

Section A: My/Our details

Name/s

Address

	State	Postcode
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Business telephone no.

Private telephone no.

Policy no.

The person insured or to be insured under the Policy is:

me/us ☐ and/or ☐ the following person/s (as nominated by me/us):

By signing or otherwise providing my/our authorisation to this Payment Authority, I/we acknowledge and agree that:

1. this Payment Authority is governed by the terms and conditions of the Payment Service Agreement ('Agreement') provided to me/us. (A copy of the Agreement is attached. A further copy can be obtained by contacting CGU on the number provided on your policy schedule);
2. I am/we are bound by all of the terms and conditions of the Agreement; and
3. you may vary the amount and frequency of future debits to my credit card or nominated account (as applicable) and the Agreement by prior arrangement and advice to me/us in accordance with the terms of the Agreement.

Section B: Payment by credit card

I/We authorise and request CGU Insurance Limited until further notice in writing, to debit my/our nominated credit card as detailed below, for any amounts due and payable to you under the insurance policy set out in Section A effected or to be effected, including by way of renewal, with you.

Please debit the following: Bankcard ☐ MasterCard ☐ Visa ☐

Card number

Expiry date

Name of bank or financial institution

Cardholder's name/s

Signature of cardholder

Please Note: Direct debiting to credit cards is governed by the Agreement but does not form part of procedures governed by the Bulk Electronic Clearing System. Debits to your credit card will be subject to the procedures detailed in your cardholder terms and conditions provided by your financial institution.

Section C: Direct Debit request

I/We authorise and request CGU Insurance Limited until further notice in writing, to debit my/our nominated credit card as detailed below through the Bulk Electronic Clearing System, for any amounts due and payable to you under the insurance policy set out in Section A effected or to be effected, including by way of renewal, with you.

Name of bank or financial institution where the account held

Address of bank or financial institution

Account in the name/s of

BSB number

Account no.

Signature

Date

Signature

Date

If joint account, all signatures may be required.

Please note: Direct debiting is not available for all accounts. If in doubt, please contact your bank or financial institution.

If you have chosen to pay by direct debit or by credit card, please keep this information for your records.

Payment Service Agreement

By Authorising the Payment Authority, you agree that we may arrange for Instalments in respect of the Policy to be paid from your nominated account or credit card under the terms of the Payment Authority and this Agreement. This Agreement is to be read in conjunction with the Policy and the Payment Authority.

1. WORDS THAT HAVE A SPECIAL MEANING IN THIS AGREEMENT

- 1.1 **'Account'** means the Financial Institution account or credit card account (as applicable) nominated by you in your Payment Authority.
- 1.2 **'Authorisation'** and **'Authorising'** means your binding authorisation and includes your signature, your request by telephone or your request by any written or electronic method.
- 1.3 **'Payment Authority'** means the authority and request given by you to us to debit Instalments to your Account.
- 1.4 **'Financial Institution'** means the bank or financial institution or credit card issuer nominated by you in your Payment Authority.
- 1.5 **'Instalment'** means each premium instalment payable to us under the terms of the Policy on the dates identified in the Premium Instalment Advice.
- 1.6 **'Intermediary Fees'** means the fees payable by the insured to an insurance intermediary in respect of effecting the Policy or amending the Policy, as notified by the insurance intermediary to CGU.
- 1.7 **'Policy'** means the contract of insurance effected with us by you or any other person as nominated by you in the Payment Authority in respect of which CGU permits payment by direct debit or credit card and any renewal of that contract of insurance. It includes the Premium Instalment Advice in respect of each such contract.
- 1.8 **'Premium Instalment Advice'** means the most recent premium instalment advice(s) provided or to be provided by us to the insured under the Policy, which sets out details of the Instalments and Instalment due dates.
- 1.9 **'you/your'** means the person or persons making the direct debit request or credit card authorisation (as applicable) in the Payment Authority.
- 1.10 **'we/us'** means CGU Insurance Limited ABN 27 004 478 371.

2. OUR OBLIGATIONS TO YOU AND OUR RIGHTS:

- 2.1 We will send you a written or electronic copy of the Payment Authority arrangements (amount; frequency; commencement date) and obtain your Authorisation to the Payment Authority at least 7 calendar days prior to debiting any amount in accordance with the Payment Authority.
- 2.2 Subject to the terms of this Agreement, we will debit to the Account:
 - (a) any Intermediary Fees, on behalf of the licensee or authorised representative that you have arranged your insurance through, on or about the first Instalment date set out in the Premium Instalment Advice;
 - (b) the first Instalment on or about the first Instalment date set out in the Premium Instalment Advice
 - (c) any subsequent Instalments on or about the Instalment date identified in the Premium Instalment Advice.Subject to clause 2.4, we will not change the amount or frequency of Instalments for the Policy without your prior approval.
- 2.3 Where the due date for any Instalment falls on a non-business day, we will debit the Instalment on or about the next business day. If you are uncertain about when the Instalment will be debited to your Account, contact your Financial Institution.
- 2.4 Where any Instalment is dishonoured, or an additional amount is due as a result of an amendment to a Policy, you authorise us to debit to the Account:
 - (a) any outstanding amounts and the next Instalment on or about the next Instalment due date; or
 - (b) any outstanding amounts at any time.

- 2.5 We reserve the right to terminate this Agreement and the Payment Authority without notice to you if more than one Instalment is dishonoured. This means you must ensure premium payments are made by an alternative payment method offered by us. We may also be able to cancel the Policy.
- 2.6 If any Instalment is dishonoured, you authorise us to obtain reimbursement from you of any fees we incur by debiting these fees to your Account if and when they accrue.
- 2.7 If we are obliged to refund any amounts debited to the Account under the Payment Authority in respect of the Policy, we will (at our option) either:
- (a) arrange for a refund to be payable to you within 31 days of the refund becoming payable; or
 - (b) reduce the amount of the next Instalment(s) by the amount of the refund (this reduction will continue until the amount is refunded in full).
- 2.8 We collect personal information from you for the purpose of providing you with direct debit or credit card payment facilities and related services. You can choose not to provide this information, however, we may not be able to debit the Account under your Payment Authority. We will keep all information you give to us relating to your Account private and confidential except to the extent we need to disclose it to relevant banks and financial institutions to debit your Account or in connection with a claim made against our bank relating to an alleged incorrect or wrongful debit. If you wish to update or access the information that we hold about you, contact us.
- 2.9 If you request a change to the Policy which affects the amount or frequency of the Instalments, we will provide you with 7 days written notice before the amount or frequency of the Instalments is varied.
- 2.10 Otherwise, we will provide you with 14 days written notice if any term of this Agreement varies during the term of the Payment Authority and will provide you with an updated version of this Agreement.

3. YOUR OBLIGATIONS TO US AND YOUR RIGHTS:

- 3.1 You must check your Account details against a recent statement from your Financial Institution. Direct debiting is not available on all accounts. If you are uncertain about your Account details or whether direct debiting is available from your account, check with your Financial Institution before selecting the option to pay by direct debit in the Payment Authority.
- 3.2 By Authorising the Payment Authority, you agree to be bound by the terms of this Agreement and the Payment Authority.
- 3.3 You must ensure that immediately before any Instalment or other amount is due to be debited you have sufficient funds or credit available in respect of your Account to meet your Instalment obligations under this Agreement and any other amounts on the due date.
- 3.4 If your Account has more than one signatory, you must ensure that all necessary signatories Authorise the Payment Authority. It is your responsibility to ensure that the authorisation given to debit the nominated Account is identical to the Account signing instruction held by the Financial Institution where the Account is based.
- 3.5 You must advise us if your Account is transferred, closed, cancelled or expires.
- 3.6 You may alter the debiting of an Instalment, stop payment of an Instalment or terminate the Payment Authority at any time by giving written notice to us at least 14 days prior to the due date of the next Instalment or by contacting your Financial Institution. It is your responsibility to arrange with us a suitable alternate payment method if you wish to cancel the Payment Authority. If we agree to vary the frequency of the Instalments, we will issue you with an updated Premium Instalment Advice. If alternative payment arrangements are not made with us, we can cancel a Policy without notice to you.

4. INQUIRIES AND DISPUTES

If you have any concerns or queries regarding the timing of credit card payments, a proposed variation to the amount or frequency of Instalments or any amount debited, you should contact us on the number provided on your policy schedule. If you have a query about the timing of other payments or wish to dispute a debit, contact your Financial Institution.

CGU Insurance Limited ABN 27 004 478 371. An IAG Company.



Insurer
CGU Insurance Limited
ABN 27 004 478 371
An IAG Company