

## COMMERCIAL MOTOR VEHICLE PROPOSAL

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| COVER NOTE No.:   |                              | POLICY No.:       |            |  |  |  |  |  |
|---|------------------------------|-------------------|------------|--|--|--|--|--|
| IMPORTANT INFORMATION   |                              |                   |            |  |  |  |  |  |
| YOUR DUTY OF DISCLOSURE   | 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, very 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 contact from its beginning.  |                              |                   |            |  |  |  |  |  |
| 1. PERIOD of INSURANCE From   | 1 1                          | To / /            | at 4.00p.m |  |  |  |  |  |
| 2. PROPOSER Surname   | Christian/Given Name(s)      | Date of Birth Sex | ABN Number |  |  |  |  |  |
| (If a Company, or Business etc state the full Registered N  | Name and Trading Name above) |                   |            |  |  |  |  |  |
| 3. ADDRESS of PROPOSER (registered address of company or business or residential address for others)  |                              |                   |            |  |  |  |  |  |
| 4. POSTAL ADDRESS of PROPOSER   |                              |                   |            |  |  |  |  |  |
| Name:   |                              |                   |            |  |  |  |  |  |
| Telephone Number Home   | Business                     | Facsimile         |            |  |  |  |  |  |
| 5. GST  |                              |                   |            |  |  |  |  |  |
| Are you registered for GST  To what extent are you entitled to claim an Input Tax Credit on your insurance premiums  "Wes No  |                              |                   |            |  |  |  |  |  |
| 6. OCCUPATION/BUSINESS of PROPOSER (Please describe fully the nature of all operations)   |                              |                   |            |  |  |  |  |  |
| Underwritten by <b>Allianz</b> Australia Insurance Ltd ACN 000 122 850  |                              |                   |            |  |  |  |  |  |

## A. TYPES of COVER AVAILABLE

**B. SUM INSURED** 

Comprehensive Cover (comp)

Third Party Property Damage only (tpo)

-The Sum Insured selected for any vehicle must be at least **85%** of its current market value as the Policy is subject to an 85% co-insurance clause.

-The Sum Insured must represent the value including accessories e.g.

- two way or CB radios, car telephones
- tarps, gates etc.

| Item | Year | Make | Model | Body Type | Registration<br>Number | VIN | Engine<br>Number | Carrying<br>Capacity<br>in tonnes | Indicate Type<br>of Goods<br>Carried |
|------|------|------|-------|-----------|------------------------|-----|------------------|-----------------------------------|--------------------------------------|
| 1    |      |      |       |           |                        |     |                  |                                   |                                      |
| 2    |      |      |       |           |                        |     |                  |                                   |                                      |
| 3    |      |      |       |           |                        |     |                  |                                   |                                      |
| 4    |      |      |       |           |                        |     |                  |                                   |                                      |
| 5    |      |      |       |           |                        |     |                  |                                   |                                      |
| 6    |      |      |       |           |                        |     |                  |                                   |                                      |
| 7    |      |      |       |           |                        |     |                  |                                   |                                      |
| 8    |      |      |       |           |                        |     |                  |                                   |                                      |
| 9    |      |      |       |           |                        |     |                  |                                   |                                      |
| 10   |      |      |       |           |                        |     |                  |                                   |                                      |
| 11   |      |      |       |           |                        |     |                  |                                   |                                      |
| 12   |      |      |       |           |                        |     |                  |                                   |                                      |
| 13   |      |      |       |           |                        |     |                  |                                   |                                      |
| 14   |      |      |       |           |                        |     |                  |                                   |                                      |

## OTHER INTERESTED PARTIES

Please advise details of any Vehicle subject to finance

| Item No. | Finance Company | Address | Type of Finance | Loan Number |
|----------|-----------------|---------|-----------------|-------------|
|          |                 |         |                 |             |
|          |                 |         |                 |             |
|          |                 |         |                 |             |
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|          |                 |         |                 |             |

|                                |                                   | C. NO CLAIMS BONUS   |  |                     |                            |                             |                           |                |                               |
|--------------------------------|-----------------------------------|----------------------|--|---------------------|----------------------------|-----------------------------|---------------------------|----------------|-------------------------------|
|                                | Written evidence must be attached |                      |  |                     |                            |                             |                           |                |                               |
| Maximum<br>Operating<br>Raduis | Accessories                       | No<br>Claim<br>Bonus | Who will be the<br>Main Driver for<br>this Vehicle | Date<br>of<br>Birth | Total<br>Years<br>Licenced | Licence<br>No. and<br>Class | Years Licenced this Class | SUM<br>INSURED | PURCHASE<br>PRICE<br>and DATE |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
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|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
| MODIF                          | FICATIONS -                       | Please               | provide details of an                              | y modif             | ications t                 | o the above                 | Vehicle                   |                |                               |
| Item No.                       | tem No. Modification              |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |
|                                |                                   |                      |  |                     |                            |                             |                           |                |                               |

| 7. DF   | RIVING and CLAIMS HISTORY   |                                 |                        |                  |            |  |
|---|---|---------------------------------|------------------------|------------------|------------|--|
| Have y  | ou or your intended driver ever:  |                                 |                        |                  |            |  |
| (i)   | Been fined or convicted of a speeding or other traffic offence  | (other than parking) within the | e 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 refused  | ı                               |                        | Yes 🗌            | No 🗌       |  |
| (iv)  | Been convicted with Prescribed Concentration of Alcohol (PC   | A), Driving Under the Influence | ce (DUI)               | Yes              | No 🗌       |  |
| (v)   | Had any accidents, fires or lodged a claim in connection with   | a motor Vehicle within the las  | st 5 years             | Yes 🗌            | No 🗌       |  |
| (vi)  | Suffered from any physical or mental condition which could a (eg. epilepsy, diabetes, heart condition, faulty eyesight)   | ffect their driving performance | 2                      | Yes              | No 🗌       |  |
| If "Yes   | " please provide full details   |                                 |                        |                  |            |  |
|   |   |                                 |                        |                  |            |  |
|   |   |                                 |                        |                  |            |  |
|   |   |                                 |                        | ·····            |            |  |
| 8. AI   | DDITIONAL INFORMATION   |                                 |                        |                  |            |  |
| Is there  | e any additional information you should tell us that may affect or  | ur decision to insure you?      |                        | Yes 🗌            | No 🗌       |  |
| If "Yes   | " please provide details  |                                 |                        |                  |            |  |
|   |   |                                 |                        |                  |            |  |
|   |   |                                 |                        |                  |            |  |
| NB R  | efer to "IMPORTANT INFORMATION - YOUR DUTY OF DISCL   | OSURE"                          |                        |                  |            |  |
| 9. DE   | ECLARATION  |                                 |                        |                  |            |  |
| 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. |   |                                 |                        |                  |            |  |
|   | eclare that the answers and information given by me/us in this p learly informed of the following:  | roposal are true and correct in | n all respects. I/we a | also acknowle    | dge having |  |
|   | <ul><li>the nature and effect of my/our Duty of Disclosure;</li><li>the only persons whose interests are covered; and</li></ul>   |                                 |                        |                  |            |  |
|   | - 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.  |   |                                 |                        |                  |            |  |
| storag  | so acknowledge that I/we have read and understood the Privac<br>e, use and disclosure of personal and sensitive information of all<br>to the collection of this personal and sensitive information then use | persons affected by this prop   | posal. I/we acknowl    | edge that if I/\ | we do not  |  |
| Signat  | ıre   | Date/                           |                        |                  |            |  |
| Signat  | ıre   | Date/                           |                        |                  |            |  |