

IMPORTANT INFORMATION - Read this before completing this form.

- ✓ Proposer to complete all sections in full – Please tick boxes where required
✓ Every question must be answered fully, truthfully and accurately. If any question is not understood, please contact your local Lumley Insurance office or your broker
✓ If you do not answer any question satisfactorily, THE PROPOSAL WILL BE RETURNED FOR COMPLETION. This may affect your period of cover.

Print and complete all sections in black or blue pen.

1. Policy Details

Proposer's name in full

Phone number (w) Phone number (h) Mobile number Fax number Email

Postal address Postcode

Address/Location - where the vehicle is usually parked overnight (if same as postal address, state "As Above") Postcode

Garage Driveway Carport Backyard On street Other (please specify)

Goods and Services Tax:

(a) ABN, if applicable

ABN input field

(b) Tax Status % entitlement to Input Tax Credits

Your business or occupation

Your business or occupation input field

Financier or other interested party

Financier or other interested party input field

Please specify their interest Lessor Lender Other (please advise)

Period of insurance from to at 4:00pm local standard time

Table with columns for State (NSW, VIC, ACT, TAS, SA, WA, QLD, NT), Address, Phone, and Fax numbers for various locations.

Please provide details of the vehicle to be insured

| | | | | |
|---|----------------------|----------------------|-------------------------------|-------------------------|
| Year of manufacture | Vehicle Make | Model | Body and transmission | Type |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Manual or automatic | Registration number | No of cylinders | Engine/VIN or chassis numbers | Purchase price |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| Insured for: <input type="checkbox"/> Market value (please tick) or if Agreed Value - Sum Insured \$ <input type="text"/> | | | | |

List any extras or modifications eg. rally pack, wide rims, lowered body, air conditioner, hi-fi equipment, etc., which are additional to the manufacturer's standard for the model (include replacement cost of each item). State if vehicle turbo charged.

Type of cover

- Comprehensive (insures loss or damage to your vehicle and damage caused by your vehicle)
- TDP (only available with comprehensive cover)

Optional Cover

- Front Windscreen Replacement
- No Claims Bonus (NCB) Rating Protection
- Hiring following accident

Is this vehicle in good order, repair and condition? Yes No

If **No**, please give detail of any rust, unrepair, damage and other area of the vehicle requiring attention.

Please indicate vehicle usage Private Business

Please tick the box below which best describes the average number of kilometres the vehicle is driven each year

- | | | | | |
|--|--|--|--------------------------|--------------------------|
| <input type="checkbox"/> Over 15,000 kms | <input type="checkbox"/> 7,500 to 15,000 kms | <input type="checkbox"/> Less than 7,500 kms | Yes | No |
| | | | <input type="checkbox"/> | <input type="checkbox"/> |

Is the vehicle privately imported?

If **Yes**, from which country was it imported?

Does the vehicle have an Australian Compliance Plate?

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Is the vehicle fitted with anti-theft device/s?

If **Yes**, please select type of deterrent:

- Car alarm
- Immobiliser - Engine/Fuel/Battery
- Electronic vehicle tracking system
- Data Dots
- Other (please describe)

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

If an immobiliser is fitted, does it activate automatically when the engine is turned off?

IMPORTANT: Please advise brand of immobiliser:

SPECIAL NOTE: Your Policy may insist on a certain level of security to be fitted. Please check your Schedule to see what, if any, anti-theft device/s are required. Your vehicle will not be covered for theft if you do not comply with this requirement.

Please indicate if you would like any additional voluntary excess.

- None
- \$100
- \$200
- \$300
- \$500
- \$1000

Do you currently have another policy with Lumley Insurance?

- Yes
- No

If Yes, what is the policy type?

Are you the registered owner/s of the vehicle?

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

If **No**, (a) please provide registered owner's name

(b) please indicate your interest in the vehicle

Enter **your own** details below (even if vehicle is not being driven) plus details of all persons whom you nominate as, or expect to be, **drivers** of the vehicle. Any drivers under 25 must be declared or nominated.

| Surname | Given Names | Age | Date of birth | Occupation | Years licensed | % of use |
|---------|-------------|-----|---------------|------------|----------------|----------|
| | | | | | | |
| | | | | | | |
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SPECIAL NOTE: The next three questions relate to your DRIVING and INSURANCE HISTORY and also includes the details for any drivers you expect may drive your vehicle. This is VERY IMPORTANT information on which we will base our decision to insure you (and any other drivers).

If the information supplied is not **absolutely accurate** any claim lodged may be reduced or denied in total.

| Has the owner or any of the drivers in the LAST 5 YEARS: | | Yes | No |
|--|---|--------------------------|--------------------------|
| (i) | had a motor accident or loss, a vehicle burnt or stolen or made a claim under a motor insurance policy? (Regardless of who was at fault and regardless of whether an insurance claim was made for any loss.) | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) | had a speeding fine and/or any other motoring offences, or on-the-spot fines (other than for a parking infringement) including camera offences? (If you are unsure of your offences you must obtain a printout from the motor transport authority in your state.) | <input type="checkbox"/> | <input type="checkbox"/> |
| (iii) | had, or will have, a driver's or motorcycle rider's licence cancelled suspended or special conditions imposed? | <input type="checkbox"/> | <input type="checkbox"/> |
| (iv) | had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms conditions or excesses imposed? | <input type="checkbox"/> | <input type="checkbox"/> |
| (v) | Do any of the drivers suffer from any physical or mental disability or medical condition or are dependent on any drug or medication which could affect their driving performance? | <input type="checkbox"/> | <input type="checkbox"/> |

| Has the owner or any of the drivers in the LAST 10 YEARS: | | Yes | No |
|---|---|--------------------------|--------------------------|
| (vi) | had a conviction or been charged for driving under the influence of alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| (vii) | had a conviction for, or currently charged with, any criminal offence? | <input type="checkbox"/> | <input type="checkbox"/> |

You have a duty, at law, to disclose all details pertaining to the questions in Section 3 (above). Please complete the section below in FULL if you have answered YES to any of the above questions.

If you are not completely sure of the details, you must confirm the information from the applicable motor transport authority or your previous insurer to ensure it is entirely correct.

| Name | Full details of accidents, losses, offences and/or convictions, loss of licence, disability or drug dependency. | Date | Amount of loss/fine | Insurer | Details of any Disability/Drug |
|------|---|------|---------------------|---------|--------------------------------|
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |

Please provide details of your previous insurance and No Claim Bonus (NCB) Rating entitlement.

| Previous insurer | Policy number | Expiry date | Vehicle | Registration number | NCB allowed |
|------------------|---------------|-------------|---------|---------------------|-------------|
| | | | | | |

****IMPORTANT****

Please attach renewal notice (from your previous insurer) verifying your current No Claim Bonus entitlement.

If you are claiming a No Claim Bonus and you do not send us proof of your entitlement, we may reject your application, charge a higher premium or reduce your Period of Insurance

2. Important Information and Declaration

Insufficient space to answer

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date the attachment.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer 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 us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your policy. Any transaction will be documented by us as quickly as possible.

Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available at any of our offices or online at www.lumley.com.au

Excess

An excess is the sum of money we will not pay in respect of a claim. The insurance Schedule and Policy Wording detail the excesses which may be applicable.

Exceptional Circumstances

Are there any exceptional circumstances which are special or individual to you?

You only have to tell us about exceptional circumstances that you know (or a reasonable person in the circumstances could be expected to know) are relevant to our decisions about:

- whether to insure you;
- how much to charge; or
- any special rules that may apply to you or the policy.

You do not have to tell us anything that:

- we could reasonably be expected to ask you in a specific question; or
- will reduce the possibility of a claim; or
- is common knowledge; or
- we already know about, or we ought to know about through our business; or
- we have said we do not need to know.

Declaration

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 honestly;
- either completed this proposal form personally or, if it has been completed by someone else, the answers have been checked for fullness and accuracy by me.

If during the Period of Insurance circumstances change in the information I have provided, I will promptly inform you.

I understand that if I have not fulfilled my duty of disclosure my claim may be reduced.

I authorise Lumley Insurance to obtain claims and any other information they require from my previous insurers or the Insurance Reference Services Ltd to confirm the information I have supplied, if required by them at any time.

REMINDER: Attach documentary evidence of your current No Claim Bonus entitlement

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)