



# Insurance Application Private & Business Motor Vehicle

<b>Policy No.</b>		<b>Client No.</b>		<b>Intermediary No.</b>	
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Read this first: Please read the Duty of Disclosure section on the back page before completing this application.

Please answer each question on behalf of ALL PEOPLE TO BE INSURED.

If you need more space to answer questions, attach a separate sheet and sign it.

For assistance or more information contact your Financial Services Provider.

**DO NOT USE THIS FORM FOR VEHICLES OVER 3,500kg GVM**

The Applicant/s													
Name(s) of the Registered Owner(s) of the Vehicle (known as the Insured)	Surname												
	Given Name(s)												
	Occupation												
Tax Status	Registered Business	No <input type="checkbox"/>	Yes <input type="checkbox"/>	ABN							Taxable	%	
Residential Address													
											State		Postcode
Contact Number(s)	Private Phone No.	( )	Business Phone No.				( )						
Period of Insurance	From	/	/		to	/	/		at 4 p.m.				

Driver Details						
Give details of all known drivers of the vehicle (INCLUDING THE OWNER). An additional excess may apply to undeclared drivers. However, this additional excess will not apply if the driver is over 25 years of age and has not been convicted of driving under the influence, or not had their licence suspended or cancelled in the five years prior to the date of loss.						
The undeclared driver excess will not apply for vehicles described for Business Use or if the Faultless Excess clause is applicable.						
Drivers' Name(s) (main driver first)	Date of Birth	Sex M/F	Years Licensed in Aust.	% of use	Does this person own another vehicle?	
						Surname
1.	/ /					
2.	/ /					
3.	/ /					
4.	/ /					
				100%		
If more drivers are declared, please add a sheet with the relevant information. Please tell us if you wish at any time to declare additional drivers.						

Vehicle Details						
Year of Manufacture	Make of Vehicle e.g. Ford, BMW, Holden	Model Details e.g. Falcon XT, 320i, VE, Omega	Registration Number	Body Style e.g. Sedan, Wagon etc.	No. of Doors	No. of Cylinders
Engine or V.I.N. Number				Metallic Paint		
Transmission Auto/Manual				No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>		
Engine Capacity		c.c.		Turbo or Super Charged		
Fuel Type: Diesel/Petrol				No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/>		

OFFICE USE ONLY	Red Book Vehicle Code	
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## Establishing the Vehicle Value

a) Date vehicle purchased				/	/
b) Price paid (excluding any trade-in or consumer credit insurance)				\$	
c) If the vehicle is imported, has it an Australian Compliance Plate?				No <input type="checkbox"/>	Yes <input type="checkbox"/>
d) Has the vehicle any existing damage, e.g. dents, scratches, rust or hail? If "Yes", give details				No <input type="checkbox"/>	Yes <input type="checkbox"/>
e) If there are any accessories (including options fitted by the dealer) that are not standard features for the make and model of your vehicle then please describe each accessory and their value e.g. air-conditioning, ABS, bull bars, sun roof, theft security system, driving lights, upgraded stereo system, mag wheels, solar tinting, luggage racks, tow pack, LPG conversion etc.					
Description		Current Value		Description	
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
				<b>Accessories Total</b>	<b>\$</b>
f) What do you estimate is the current market value (including accessories) of your vehicle?					\$

## Type of Cover

Comprehensive Market Value <input type="checkbox"/>	Third Party Property Damage <input type="checkbox"/>
Comprehensive Agreed Value <input type="checkbox"/>	Third Party Fire & Theft <input type="checkbox"/>
Comprehensive Essentials <input type="checkbox"/>	

Note: These terms are explained in more detail in the Policy wording.

## Vehicle Modifications

Give details of any modifications from the manufacturer's standard vehicle e.g. body, suspension, engine, wheels, paintwork


## Parking Details

a) Where is the vehicle parked during the night?

Suburb/Town		State		Postcode	
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b) How is the vehicle parked during the night?

Garage/Security Parking       Street       Other

## Use of Vehicle

Private       Executive       Business

Note: These terms are explained in more detail in the Policy wording.

## Finance Details

a) Is the vehicle financed?    No     Yes

b) Type of finance?      Lease       Secured Finance Loan       Unsecured Loan       Hire Purchase

c) Name and address of finance provider

			State		Postcode	
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## Varying the Excess

**For vehicles insured under Comprehensive cover only.**

You can have the Standard Excess waived for an extra premium, or increased for a reduction in premium.

If you want a variation, please tick one of the following:  **Waive** Standard Excess  **Increase** Standard Excess to \$

## Windscreen Excess Protection

Do you want to remove the excess on windscreens for an extra premium?

No  Yes

## Hire Car Following an Accident

Option 1 = \$82.50 cover per day (14 days / 7 weekends)

Option 2 = \$46.30 cover per day (14 days / 7 weekends)

## After Market Theft Security System

**Only complete if not fitted as a "standard" factory item.**

If a security system is installed that immobilises your vehicle by: a) cutting power to the ignition or cuts the fuel line or b) has a "full metal jacket" on the steering column, we will allow a discount. However, an additional excess of \$200 will apply if your vehicle is stolen and the security system was not active.

Name/model of security system

Is the security system in good working order and properly maintained?

No  Yes

Tick box(es) for those features that operates  Cuts power to ignition  Cuts fuel line  Full metal jacket

## Protected No Claim Discount

If you are insuring for Comprehensive and are entitled to **maximum No Claim Discount with no "at fault" claims for the last 3 years**, you can protect your N.C.D. for one "at fault" claim, by payment of an extra premium. Do you require this Cover?

No  Yes

## No Claim Discount Entitlement

Name of Last or Current Insurer	Policy Number	Date of Expiry	Type of Cover	Yrs Insured	Bonus
		/ /			%

Registration Number of Vehicle Insured  Have you disposal of that vehicle? No  Yes

**Please attach proof of your current No Claim Discount entitlement e.g. current original renewal notice or letter from insurer.**

## Owner(s) and Drivers' History

**In the last 5 years have you or any person likely to drive this vehicle**

1. Had

a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)? No  Yes

b) insurance refused, declined or cancelled by an insurer or any special conditions imposed? No  Yes

c) a drivers or motorcycle licence cancelled, suspended or endorsed? No  Yes

2. Been convicted or charged with:

a) drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? No  Yes

b) any driving offences or issued any speeding or traffic infringements? No  Yes

c) fraud, arson, theft or any other criminal act? No  Yes

3. Suffered from any physical or mental disability (excluding eyesight corrected by lenses)?

No  Yes

If you answered "Yes" to any of the above questions please provide details below. If insufficient space, please attached sheet.

Name of Driver	Date of Incident	Details of each Incident	Your Insurer	Person at Fault
	/ /			
	/ /			
	/ /			
	/ /			

## Duty of Disclosure

Under the Insurance Contracts Act 1984 (the Act); you have a Duty of Disclosure. You are required before you enter into, renew, vary, extend or reinstate your Policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know, is a matter that is relevant to our decision whether to insure you and anyone else to be insured under the Policy and if so, on what terms.

- **You do not have to tell us about any matter**

- that diminishes the risk
- that is of common knowledge
- that we know or should know in the ordinary course of our business as an insurer, or
- which we indicate we do not want to know.

- **If you do not tell us**

If you do not comply with your Duty of Disclosure we may reduce or refuse to pay a claim or cancel your Policy. If your non-disclosure is fraudulent we may treat this Policy as never having worked.

## Privacy

**QBE includes information about how we manage your personal information in our Product Disclosure Statement and Policy booklets. You can obtain a copy of the QBE Privacy Policy Statement from our website [www.qbe.com](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.**

## Signature and Declaration

You declare that:

- You have received a copy of the policy wording and you have understood the “Duty of Disclosure” explained above.
- All information given in this application is true and correct.
- You give us authority to exchange information about any insurance or claims history with other insurers or any insurance or credit reference bureau.
- Statements made in this application by one person are to be treated as made by all the people to be insured.

Applicant's Signature 1.

Date:  /  /

Applicant's Signature 2.

Date:  /  /

## Office Use Only

Standard (or adjusted) Excess	\$	Premium (Points)	\$
– Age under 21	\$	Govt. FSL	\$
– Age 21 – 24	\$	Gov. GST	\$
– Over 25 and less than 2 years licensed	\$	Gov. Stamp Duty	\$
– Undeclared Driver Excess	\$	<b>Total Payable</b>	<b>\$</b>
Clauses			
N.C.D.	Rating		Years
Accepted by (Name)		Date	<input type="text"/> / <input type="text"/> / <input type="text"/>