

Insurance application private & business motor vehicle

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Policy No.		Client No.		Intermediary No.	
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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	Yes	No	ABN							Taxable %
Residential Address											
State											
Postcode											
Contact Number(s)	Private Phone No.	()	Business Phone No.	()							
Period of Insurance		/	/	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.

Driver's name(s) main driver first							
	Surname	Given name(s)	Date of birth	Sex M/F	Years licenced in Aust.	% of use	Does this person have an Australian Driver's Licence?
1.							Yes No
2.							Yes No
3.							Yes No
4.							Yes No
						100%	If no provide details below.

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. Corolla SX, 116i, Captiva LTZ	Registration Number	Body Style e.g. Sedan, Wagon etc.	No. of Doors	No. of Cylinders	
Engine or V.I.N. Number				Metallic Paint	Yes	No	Unknown
Transmission Auto/Manual				Air Bags	Yes	No	Unknown

Engine Capacity	c.c.	Turbo or Super Charged	Yes	No	Unknown
Fuel Type: Diesel/Petrol					

Establishing the vehicle details

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?			Yes	No
d) Has the vehicle any existing damage, e.g. dents, scratches, rust or hail? If "Yes", give details			Yes	No
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	Current Value
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$
Accessories Total			\$	
f) What do you estimate is the current market value (including accessories) of your vehicle?			\$	

Type of cover

Comprehensive Market Value	Third Party Property Damage
Comprehensive Agreed Value	Third Party Fire & Theft
Comprehensive Essentials	
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, or paintwork

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Parking details

a) Where is the vehicle parked during the night?				
Suburb/Town		State		Postcode
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? Yes	No						
b) Type of finance?	Lease	Secured Finance Loan	Unsecured Loan	Hire Purchase			
c) Name and address of finance provider							
				State		Postcode	

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 \$

Unlimited windscreen excess protection

Do you want to remove the excess on windscreens for an extra premium? Yes No

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

Do you have any after market theft security fitted? Yes No

Name/model of security system (insert type)

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? Yes No

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?	Yes	No

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)? Yes No
- b) insurance refused, declined or cancelled by an insurer or any special conditions imposed? Yes No
- c) a drivers or motorcycle licence cancelled, suspended or endorsed? Yes No
2. Been convicted or charged with:
- a) drug use, driving under the influence, or exceeding Prescribed Concentration of Alcohol? Yes No
- b) any driving offences or issued any speeding or traffic infringements? Yes No
- c) fraud, arson, theft or any other criminal act? Yes No

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
	/ /			
	/ /			
	/ /			
	/ /			

Your duty of disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

QBE has a Privacy Policy that describes how we collect, disclose, store and use your information, how you can access or correct it and how to make a complaint. QBE may share your information with other companies within the QBE Group or with other service providers, some of which may be based outside of Australia.

You can obtain QBE's full Privacy Policy from qbe.com.au, by phoning 133 723 or by requesting it from our authorised representative or service providers. By providing the information we have requested, you consent to QBE collecting, using and storing your information to issue, administer and manage insurance products, services and claims in accordance with our Privacy Policy.

Signature and declaration

You declare that:

- (a) You have received a copy of the policy wording and you have understood the "Duty of Disclosure" explained above.
- (b) All information given in this application is true and correct.
- (c) You give us authority to exchange information about any insurance or claims history with other insurers or any insurance or credit reference bureau.
- (d) 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	\$	Total Payable	\$
Clauses		Date	
N.C.D.	Rating	Years	
Accepted by (Name)			

Please return the completed form to your financial services provider.