

Motor Vehicle Proposal



To obtain cover, complete this proposal form and return it to us with your payment. Make sure all questions are answered and that the form is signed. If you find that there is insufficient space for you to answer any questions, please add this information on a separate sheet of paper.

Please print your answers and where appropriate.

Agent/Broker number	Agent/Broker name	Policy number
<input type="text"/>	<input type="text"/>	040

1. Policyholder details

	Title	Surname	Given names	Date of birth	Occupation	Office use only Code
A	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
B	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal address

<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone: Home

Telephone: Business

Telephone: Mobile

Email

2. Period of insurance

Required commencement date of policy:	Commencement date	Expiry date
	<input type="text"/>	<input type="text"/>

3. Policy details

<input type="checkbox"/> Comprehensive	<input type="checkbox"/> Fire, Theft and Third Party Property Damage
<input type="checkbox"/> Third Party Property Damage	<input type="checkbox"/> Caravan/Trailer

Address where vehicle garaged if different from postal address

<input type="text"/>	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Vehicle (or Caravan) details

Registration number	VIN/Chassis	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Body type (eg. Sedan)	Year of manufacture		
<input type="text"/>	<input type="text"/>		
Number of cylinders	Engine capacity (HP/litres/cc)	Office use only Code	CAT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Victoria AD GPO Box 1655N Melbourne 3001 FX +61 3 9614 1545	New South Wales AD PO Box 1410 Parramatta 2124 FX +61 2 9687 9564	Queensland AD GPO Box 747 Brisbane 4001 FX +61 7 3221 6721	South Australia AD PO Box 630 Fullarton 5063 FX +61 8 8338 1920	Western Australia AD PO Box 840 West Perth 6872 FX +61 8 9324 2013	Tasmania AD PO Box 330 Launceston 7250 FX +61 3 9614 1545
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4. Vehicle (or Caravan) details (continued)

Is the vehicle subject to any finance agreement? Yes No

If yes, indicate type of agreement Hire purchase Secured personal loan Unsecured personal loan Leasing

Other, please specify

Name of financier

Office use only Code

Postal address

State

Postcode

Will the vehicle be used for

Private use

Business use

Office use only Class

If 'Business use' was selected, will the vehicle be used:

by any other person for business?

Yes

No

Tonnes

for goods carrying?

Yes

No

If yes, please state carrying capacity

for carrying of passengers for hire or reward?

Yes

No

What is your vehicle's current odometer reading?

When did you purchase this vehicle?

 / /

Purchase price

 \$

Purchased from Name

Address

Does your vehicle have any existing damage?

Yes

No

If yes, please give details

Are you the registered owner of the vehicle?

Yes

No

If yes, please give details

Registered owner

Relationship to owner

Modifications/accessories

Has the vehicle been modified or fitted with accessories or optional extras other than those supplied as standard?

Yes

No

If yes, please provide details below

Modifications/accessories

Value

 \$

 \$

 \$

 \$

 \$

 \$

 \$

5. Caravan extensions (only available with Caravan cover)

a. Do you require insurance for the caravan contents?

Yes

No

If yes, value

 \$

b. Do you require insurance for your annexe?

Yes

No

If yes, value

 \$

6. Driver details

Please give details of all persons including yourself who are likely to drive the vehicle

Names of drivers	Occupation	Date of birth	Year licensed in Australia	% for driving this vehicle	Number of accidents, losses in last 5 years
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>	<input type="text"/> %	<input type="text"/>
Total				100%	

Have any of the listed drivers in the last 5 years:

- a. had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms or conditions imposed? Yes No
- b. been convicted of any criminal offence? Yes No
- c. been declared bankrupt? Yes No
- d. had a motor accident or loss, a vehicle burnt or stolen, or made a claim under a motor insurance policy? Yes No
- e. had a traffic infringement, conviction or prosecution? Yes No
- f. had a driving or motor cycle licence cancelled, suspended or not renewed? Yes No

If yes to any of the above questions, please give details

Name	Details of accident, loss, conviction, etc	Date	Amount of loss/fine	Insurance company
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	\$ <input type="text"/>	<input type="text"/>

Do any of the listed drivers suffer from any physical or mental disability or any medical condition which could affect their driving performance? Yes No

If yes, please give details and provide a medical certificate

7. Details of previous insurance

Have you had motor vehicle insurance previously? Yes No

Previous insurer Policy number

Expiry date / / Current No Claim Bonus % Or Rating number

Was your previous policy: Comprehensive Third Party Property Damage Fire, Theft and Third Party Property Damage

8. Excesses (The amount of each claim not paid by the Insurer)

Underwriting excess:

An additional excess may be applied after we review your completed proposal form. We will advise you if there is a change and you will have a further three days to decide if you want to continue this insurance.

Age or inexperienced drivers excess:

If the person in control of the vehicle at the time of a claim is under 25 years of age or has held an Australian driving licence for less than one year then an excess in addition to the basic excess will apply to that claim.

Office use only

Sum Insured	Coded	Authorised	Optional Benefits	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Basic Excess	Voluntary Excess	U/W Excess	Interested Party	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

9. Statement to be signed by the proposer(s)

I acknowledge that I have received a copy of the Ansvar Insurance PDS and policy setting out the terms and conditions which apply to this insurance.

I declare to the best of my knowledge and belief the property to be insured is in a sound state of repair and the sums insured in this proposal represent full replacement value.

I acknowledge that I have read and understand the section headed 'Excesses', and also that I have been informed of the actual amount of the age or inexperienced driver excesses applicable to this policy.

I am aware that I have fourteen days to read the policy and if I am not satisfied with the conditions I can cancel this insurance in writing and receive a full refund of any premium paid.

I authorise my previous insurer to release full details of my insurance history to Ansvar Insurance.

Proposer(s) signature

A.

B.

Signature of most regular driver if not a proposer**Date**

/ /

Completion of this form does not provide insurance until a Cover Note or Certificate of Insurance has been issued.

10. Credit Card Payment

Please charge my credit card account with the amount payable

\$

Visa

Mastercard

Card Number

Expiry Date

/

Name of Cardholder

Signature of Cardholder

11. Important information relating to this proposal**Your Duty of Disclosure**

Under insurance law you are required to tell us anything you know that may affect our decision to accept your insurance.

If you do not disclose all relevant information, or if you misrepresent the facts, then we may be entitled to cancel the policy, or reduce the sum insured, or treat the policy as never having existed.

Caravan Cover

If you have elected to take up the Caravan extensions for the caravan and/or annexe, it is important that you note the following to make sure your insurance cover is adequate.

- The value nominated becomes the sum insured and is the maximum amount payable under the policy.
- You should therefore nominate an amount that will reflect the full replacement cost of your caravan contents and/or annexe.
- **By failing to nominate adequate amounts, you may have to pay the difference between the sum insured and the rebuilding/replacement cost.**

Privacy

The information we collect is to enable us to make a decision on whether we will accept your insurance.

If you do not provide this information we will not be able to process your application.

We may use third party suppliers (agents, loss adjusters, assessors and mailing houses) to carry out specialised activities on our behalf. These organisations are aware of their obligations under Privacy provisions.

At any time you may request access to your personal information and correct it if it is wrong.

We value the personal information you give to us and we will take all reasonable precautions to prevent unauthorised access to this information.

Ansvar Insurance is a signatory to the General Insurance Code of Practice, which sets out the General Insurance Industry's commitment to provide the best standard of service possible.