

Commercial Motor & Motor Fleet proposal

Important notices

Policy Number

Please read this section before completing this proposal

Your Duty of Disclosure: Before you enter into this insurance contract with us for the first time, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you apply for this policy. When you answer these questions, you must:

- give us honest and complete answers;
- tell us everything you know; and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

You do not need to tell us about any matter:

- that diminishes our risk;
- that is of common knowledge;
- that we know or should know as an insurer; or
- that we tell you we do not need to know.

Who does the duty apply to? Everyone who is insured under the policy must comply with the relevant duty.

What happens if you or they breach the duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

Duty on renewals, variations and reinstatements: A different duty applies for any variation or renewal or reinstatement of the policy. Please refer to your policy wording for this duty.

Definitions: "We", "our", "us" or "my insurer" means Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850.

"You", "your" means the person proposing for this insurance.

"Excess" means the amount you must pay towards the cost of any claim under your policy.

Vehicle finance: You need to give us details of all third parties who will have a financial interest in the vehicle (such as banks, credit unions and finance companies).

Privacy Act 1988: 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.

We disclose personal information to third parties who we deal with in providing the relevant services and products. For example, in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which we supplied it.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529, EST 9am-5pm, Monday-Friday and advise us of the changes. If you do not agree to the collection of your personal information then unfortunately we will be unable to process your proposal.

From time to time we may advise or offer you information on other Allianz products or services that may be relevant and of interest to you. If you do not wish to receive these offers or information please call the Allianz Direct Marketing Privacy Service Line – Freecall 1800 000 284, EST 9am-5pm, Monday-Friday.

How to fill out this form: For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

If there is inadequate space to answer any questions, please attach a separate sheet of paper. Show the page number, section and question number before the information you wish to add, eg, Page 3, Previous Insurance – ABC Insurance, comprehensive, policy number XY6543, ceased 5/11/2001.

Period of insurance From am/pm on / / to 4pm on / /

Proposer/s general information

- Name of owner: Mr/Mrs/Miss/Ms:
Contact name: Position: Phone:
Company name: ABN
Is the owner registered for GST? Yes No What is the ITC percentage applicable to this premium? %
- Phone: Business: () Home: () Mobile:
- List all subsidiary companies for which cover is required:
- Notices to:
- Postal address: Postcode:
- Describe Your business in full:
- What is the exact nature of the goods carried?
Do you carry any dangerous goods? Yes No If 'yes' please refer to Allianz.

(Office Use Only) Date proposal received / / Time AM / PM Policy number

Broker/agent Broker/agent account number

Cover note number Replacing policy number State

Vehicle Ownership

Who are the registered owners of the vehicles?

If different from the proposer's name, please explain why

Vehicle 1

Vehicle Details and Cover

Type of cover required:

Loss of or damage to vehicle Third Party Property Damage only Third Party Property Fire & Theft

Year of manufacture Make of vehicle (eg. Ford)

Model and Series (eg. Ford GLi) Registration Number

Engine number Vehicle Identification Number

Serial number

Type of body Carrying capacity

Usual radius of operations (commercial vehicles only) kms Location/Suburb of base of operations

Does the vehicle have any unrepaired damage? Yes No

If 'yes' please provide details

Is the vehicle roadworthy and in a good condition? Yes No

Garaging postcode Vehicle value \$

Nominated driver details

It is important that you list the names of everyone (including you) who will be driving the insured vehicle. If during the currency of the policy, any person under 25 years of age becomes a driver of the vehicle you should inform us immediately.

Driver's names ([proposer's] first)	Gender M/F	Date of birth	Number of years fully licensed in Australia	No Claims bonus rating
<input type="text"/>		/ /		%
<input type="text"/>		/ /		%
<input type="text"/>		/ /		%

Vehicle modifications

If there have been any modifications which are not standard or supplied by the manufacturer and which enhance its performance (eg: engine modifications, lowered suspension, etc), please give details below.

Nature of modification	Description (eg. make, model, etc.)	Current Value
<input type="text"/>		\$
<input type="text"/>		\$
<input type="text"/>		\$

Fitted or non-standard extras and accessories

If any optional extras or accessories have been fitted, which are not standard factory fitted extras or accessories and which enhance the vehicle's value or appearance (eg: CD player, alloy wheels, tinted windows, etc), please give details below.

Item	Description (eg. make, model, etc.)	Current Value
<input type="text"/>		\$
<input type="text"/>		\$
<input type="text"/>		\$

Vehicle finance

Does anyone have a financial interest in your vehicle? Yes No

If 'yes' indicate the type of financial arrangement:

Personal loan Lease Bill of sale Finance Other (give details)

Name and address of finance provider

(Office Use Only) Class

Premium \$ Stamp Duty \$ Total \$

Vehicle 2 (If there are more than 2 vehicles, please make the relevant number of copies of this page and complete one for each vehicle)

Vehicle Details and Cover

Type of cover required:

- Loss of or damage to vehicle Third Party Property Damage only Third Party Property Fire & Theft

Year of manufacture Make of vehicle (eg. Ford)

Model and Series (eg. Ford GLi) Registration Number

Engine number Vehicle Identification Number

Serial number

Type of body Carrying capacity

Usual radius of operations (commercial vehicles only) kms Location/Suburb of base of operations

Does the vehicle have any unrepaired damage? Yes No

If 'yes' please provide details

Is the vehicle roadworthy and in a good condition? Yes No

Garaging postcode Vehicle value \$

Nominated driver details

It is important that you list the names of everyone (including you) who will be driving the insured vehicle. If during the currency of the policy, any person under 25 years of age becomes a driver of the vehicle you should inform us immediately.

Driver's names ([proposer's] first)	Gender M/F	Date of birth	Number of years fully licensed in Australia	No Claims bonus rating
		/ /		%
		/ /		%
		/ /		%

Vehicle modifications

If there have been any modifications which are not standard or supplied by the manufacturer and which enhance its performance (eg: engine modifications, lowered suspension, etc), please give details below.

Nature of modification	Description (eg. make, model, etc.)	Current Value
		\$
		\$
		\$

Fitted or non-standard extras and accessories

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Item	Description (eg. make, model, etc.)	Current Value
		\$
		\$
		\$

Vehicle finance

Does anyone have a financial interest in your vehicle? Yes No

If "yes" indicate the type of financial arrangement:

- Personal loan Lease Bill of sale Finance Other (give details)

(Office Use Only) Class

Premium \$ Stamp Duty \$ Total \$

Previous Insurance

Have any of the vehicles listed been uninsured for more than the past 30 days? Yes No

Previous insurer

Previous policy number

When did the policy expire? / /

No claim bonus rating

A no claim bonus will not be given unless you provide documentary evidence of your entitlement to it in the form of your current renewal notice or a letter from your last insurer.

Accident, claims and personal details (This section must be fully completed)

1. During the last 5 years, have **you or any person who will or is likely to drive any of the vehicles listed:**
 - a. had any fines or penalties imposed for a traffic offence, other than a parking fine; Yes No
 - b. been convicted of or had any fines or penalties imposed for any driving related alcohol or drug offences; Yes No
 - c. had a driver's licence cancelled or suspended or been disqualified from holding a driver's licence for any period; Yes No
 - d. been responsible for causing any motor accident; Yes No
 - e. had any other incidents involving vehicle damage or vehicle theft? Yes No
2. Have you or anyone permanently residing with you, been convicted of or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property during the last 10 years? Yes No
3. Have you been declared bankrupt and not been discharged for at least one year? Yes No
4. During the last 5 years, has any insurer refused to insure any motor vehicle for you or any person who will or is likely to drive your vehicle(s)? Yes No

If you have answered "Yes" to any of the questions, please provide details in the space below including the name of any insurer involved. You can obtain your driving record from the licensing authority in your State.

Date	Full details (including name of driver and insurer where relevant)
/ /	
/ /	
/ /	
/ /	

Declaration

This declaration applies to all the insurance you are applying for in this proposal.

I declare that I have:

- received a copy of the Policy Document;
- read the information concerning the duty of disclosure and other important notices;
- answered every question fully and frankly;
- either completed this proposal form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

If anything happens during the period of insurance which alters any of the information I have provided, I will promptly inform Allianz Australia Insurance Limited

I realise that if I have not complied with my duty of disclosure my claim may not be met.

By signing the proposal I authorise Allianz to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;
- refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied.

I acknowledge that I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this proposal, with their approval.

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

Signed by first proposer	Date	Signed by second proposer	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please check that this document has been fully completed.