

# Motor Vehicle Insurance Proposal

## Important Notices

Please read this section before completing this Proposal.

### Definitions

#### Excess

Excesses apply to all sections of Your policy and are detailed in the Schedule and/ or policy document.

“Excess” means the amount You must pay towards the cost of any claim under Your policy.

“We”, “Our”, “Us”, or “Allianz” means Allianz Australia Insurance Limited.

“You”, “Your” or “Yours” means the person(s) or legal entity named in the Certificate of Insurance as the insured.

This proposal uses words that have special meaning. The definition of these words can be found in the policy document.

### Your Duty of Disclosure

Before entering into a Contract of Insurance, You have a duty, at law, to disclose to Us all material facts.

A material fact is one that may influence a prudent insurer in deciding whether or not to accept the cover and, if so, on what terms and conditions and for what premium.

Examples of information You may need to disclose include:

- anything that increases the risk of an insurance claim;
- any criminal conviction or offence;
- if another insurer has cancelled or refused to insure or renew Your insurance, or imposed special terms, or refused any claim;
- any insurance claim or loss made or suffered in the past.

These examples are a guide only. If there is any doubt as to whether a particular piece of information needs to be disclosed, this should be referred to Us.

### Non-disclosure

If You fail to comply with Your Duty of Disclosure the consequences may be serious. We may be entitled to avoid the Contract of Insurance and reject any claim under it.

### False Statements and Fraud

Your policy is based on the information supplied to Us by You or on Your behalf. All statements made by You or on Your behalf on the proposal, in support of this policy, on any claim form or in support of any claim must be true and correct. If You take any action or make any statement in connection with this policy or any claim made under it, which is fraudulent in any way or which is supported by untrue or incorrect information, We are entitled to avoid this policy and all benefits under it will be forfeited.

WHEN IN DOUBT – DISCLOSE

### Privacy Act

Pursuant to the Privacy Act 1993 the following information is provided for Your benefit:

- the proposal collects personal information about you;
- the information is collected to evaluate the insurance being sought;

- the intended recipient of the information is Allianz Australia Insurance Limited;
- the information is being collected and held by Us at our registered office at Level 1, 152 Fanshawe Street, Auckland 1010;
- the collection of this information is required pursuant to the common law duty to disclose all the material facts relevant to the insurance sought and is mandatory;
- the failure to provide this information may result in the application for insurance being declined, or the insurance being void from the beginning;
- You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

### Fair Insurance Code

We support the principles of the Fair Insurance Code.

The purpose of this Code is to increase the standards of practice and service within the insurance industry. Brochures on the Code are available from Our office.

### Insurer Financial Strength Rating

Allianz Australia Insurance Limited has an AA- insurer financial strength rating given by Standard & Poor’s (Australia) Pty Limited.

The rating scale is:

AAA	Extremely Strong
AA	Very Strong
A	Strong
BBB	Good
BB	Marginal
B	Weak
CCC	Very Weak
CC	Extremely Weak
R	Regulatory Action

Plus (+) or minus (-): Ratings from “AA” to “CCC” may be modified by the addition of a plus (+) or minus (-) sign to show relative standings within the major rating categories.

An overseas policyholder preference applies. Under Australian law, if Allianz Australia Insurance Limited is wound up, its assets in Australia must be applied to its Australian liabilities before they can be applied to overseas liabilities. To this extent, New Zealand policyholders may not be able to rely on Allianz Australia Insurance Limited’s Australian assets to satisfy New Zealand liabilities.

### How to fill out this proposal

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.

Make sure You have read the policy document We give to You.

If You require any other copy of the policy document or any assistance, please contact Your insurance broker or agent.

If there is inadequate space to answer any questions, please attach a signed and dated separate sheet of paper, showing the page number, Section and question number before the information You wish to add.

### (Office Use Only)

Intermediary Name \_\_\_\_\_ Intermediary No. \_\_\_\_\_

Branch \_\_\_\_\_ Policy Class \_\_\_\_\_ Client No. \_\_\_\_\_ Cover Note No. \_\_\_\_\_

This Insurance is underwritten by Allianz Australia Insurance Limited ABN 15 000 122 850 (Incorporated in Australia) trading as Allianz New Zealand.

Registered Office: Level 1, 152 Fanshawe Street, Auckland 1010.

## Period of Insurance

1. From \_\_\_\_\_ am/pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to 4pm on \_\_\_\_ / \_\_\_\_ / \_\_\_\_
2. Name of Owner(s) \_\_\_\_\_
3. Postal Address \_\_\_\_\_
4. Telephone No. \_\_\_\_\_ Home No. ( ) \_\_\_\_\_ Business No. ( ) \_\_\_\_\_
5. Name of registered owner(s) (if same as question 2, write 'as above')
- \_\_\_\_\_

### 6. Describe the vehicle

Item	Year	Make (e.g. Holden)	Model (e.g. Commodore VN)	Body type (e.g. Sedan)	Rego No.	VIN	Engine CC	Transmission (e.g. manual)	Cover Option <sup>1</sup>	Use <sup>2</sup>	Sum Insured
1.											\$
2.											\$
3.											\$
4.											\$

- 1 Cover Option:  
 Full cover – Com  
 Fire, theft, illegal conversion and legal liability – TPF  
 Legal liability – TPO
- 2 Use Type:  
 Private – P  
 Business – B

Policy Type  Motor car  Commercial motor vehicle

**Important Note:** The sum insured above must represent the current value of the vehicle(s) including all accessories.

### 7. Provide details of all regular drivers including yourself who use the vehicle(s) more than 12 times per year.

Name	Sex	Date of Birth	Years Licenced	Occupation	Percentage Used Item			
					1	2	3	4

### 8. 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
- (f) 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 5 years?  Yes  No
- (g) Have you been declared bankrupt and not been discharged for at least two years?  Yes  No
- (h) 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

### 9. If Yes to any of the above questions, please give details

Driver's Name	Details	Date	Insurance Company	Cost
				\$
				\$
				\$
				\$
				\$
				\$

### 10. Where is vehicle(s) usually kept? (Location: Garage – G; Carport – C; Road – R; Section – S) (if same as question 3, write 'as above')

Item	Address	Location
1.		
2.		
3.		
4.		

11. Interested Parties

Item	Yes/No	Name	Address
1.			
2.			
3.			
4.			

12. Does your vehicle have any of the following modifications or accessories: Yes or No

Modifications to body, suspension, engine, or non-factory fitted turbo?

Fitted with non-standard wheels or tyres?

Fitted with air conditioning, sun roof, sound equipment, or fixed phone?

Fitted with alarm or anti-theft device?

Fitted with any other accessories?

Item 1	item 2	Item 3	Item 4

If Yes to any of the above questions, please give details:

Item	Make or Description	Date Installed	Value
1.			\$
2.			\$
3.			\$
4.			\$

13. Where and when was the vehicle first registered?

Item 1 \_\_\_\_\_ Item 2 \_\_\_\_\_

Item 3 \_\_\_\_\_ Item 4 \_\_\_\_\_

14. Does the vehicle(s) have any existing damage?

Yes

No

If Yes, please provide details

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15. Will any vehicle(s) be used for the carriage of goods?

Yes

No

If Yes please advise item no., type of goods, specific details of any dangerous goods and carrying capacity of vehicle(s):

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16. Do you wish to incorporate the following "Named Driver Warranty" for a lower premium?

Yes

No

Available only where insured is over 25 years of age.

**Named Driver Warranty**

In return for a reduction in premium, it is hereby declared and agreed that should the Vehicle be driven by any person other than those specifically noted on the proposal and Schedule, You are not insured for the first \$200 of each and every claim under Section 1, such amount to be additional to any Excess otherwise stated herein to be borne by You. This additional amount however, shall not be payable by You:

- When breakage of windscreen or window glass is sustained without other damage to the Vehicle.
- When loss or damage by fire occurs without impact or collision.
- If the Vehicle is stolen or illegally converted or when left in the hands of a repairer or sales outlet for service, repairs or sale purposes.

If Yes, specify drivers (restricted to two drivers – insured and one other over 25 years of age):

1. \_\_\_\_\_

2. \_\_\_\_\_

17. Do you wish to increase the standard or applied policy excess for a lower premium?

Yes

No

If Yes, specify the additional excess required to be added to the basic or applied policy excess \$ \_\_\_\_\_

(Note: Additional excesses apply for drivers under 25 years and luxury type vehicles.)

18. Have you been insured during the past 12 months?

Yes – What is your Grading Number or No Claims Bonus entitlement? \_\_\_\_\_

No – You are not entitled to any No Claims Bonus

Name of Insurer \_\_\_\_\_

Address of Insurer(s) \_\_\_\_\_

Policy Number(s) \_\_\_\_\_ Date(s) insured \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Details and Reg No. of vehicle(s) insured \_\_\_\_\_

How many years have you continuously held motor vehicle insurance? \_\_\_\_\_

You must attach the last expiry notice or written confirmation of a No Claim Bonus earned from your last insurer. If we cannot verify your No Claim Bonus, the full premium will apply.

(Office Use Only)

Excess

Section One \$ \_\_\_\_\_

Section Two \$ \_\_\_\_\_

Both cumulative on underage excess as shown under section one exclusions.

Endorsements \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Premium

Company Premium \$ \_\_\_\_\_

Gov't Fire Service Levy \$ \_\_\_\_\_

Administration Fee \$ \_\_\_\_\_

Company Premium \$ \_\_\_\_\_

Sub Total \$ \_\_\_\_\_

Goods & Services Tax \$ \_\_\_\_\_

Total Due (annually) \$ \_\_\_\_\_

Declaration

Please read and sign this declaration to complete your proposal

PLEASE NOTE: You have an important duty to disclose any circumstances which may influence our decision to accept your insurance and on what terms. This is a positive duty that extends beyond the questions in this proposal.

I/We declare and warrant that:

- (a) The vehicle(s) is not otherwise insured;
- (b) The sum(s) insured represents the full market value of the vehicle(s) insured;
- (c) I/We will exercise all due care and diligence to prevent loss or damage;
- (d) The information given above is correct in every respect;
- (e) I/We have told Allianz everything which is likely to affect the acceptance of the insurance;
- (f) The declaration and proposal shall be the basis of this contract;
- (g) I/We agree to accept the Company's Motor Vehicle Policy subject to the terms and conditions contained herein;
- (h) I/We authorise Allianz Australia Insurance Limited to give to or obtain from other insurers or any insurance broker or financial institution any information relating to this insurance or any other insurance held by me/us or any claim made by me/us.

I/We understand that:

- (a) Allianz is collecting the information on this proposal to evaluate my insurance requirements;
- (b) Failure to provide any of this information may result in Allianz refusing to provide the insurance;
- (c) I/We am/are obligated to advise Allianz of any information which may be material to its consideration of this application;
- (d) I/We have certain rights of access to and correction of this information.

Insured Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Other Insurance Details	Type	Details	Due Date

**Premium Calculation**

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
Vehicle Category				
Sum Insured	\$	\$	\$	\$
Premium Calculation				
<b>Total</b>				