

Affinity

Motor Vehicle Insurance Proposal



Cover Required (Please tick the box)

Comprehensive Third Party Fire & Theft Third Party Property Damage

Quote / Cover Note No.

Please read this section before completing the proposal

Important Notices

We must rely on you to provide us with the information we need to enable us to decide whether your proposal for insurance is acceptable and to calculate how much premium. You are required for your insurance. This is your "duty of disclosure".

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance.

Your duty however does not require disclosure of matters –

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that your insurer knows, or in the ordinary course of his business ought to know;
- as to which compliance with your duty is waived by the insurer.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

Privacy

Lumley is committed to protecting the privacy of the personal information you provide to us. The personal information that we collect from you will be used to provide you with our insurance services and, in the event of a claim under the policy, and to deal with the claim.

We may disclose the personal information we collect on this form to:

- our own staff and contracted staff;
- claims adjusters, lawyers and others appointed by us or on behalf of us for claims handling purposes; and
- our reinsurers and reinsurance brokers (which may include persons or entities located outside Australia).

By completing and returning a proposal, you agree to us using and disclosing your personal information as set out above. This consent to the use and disclosure of your personal information remains valid unless you alter or revoke it by giving us written notice.

You can ask us what personal information we hold about you and, where necessary, notify us in writing of changes so we can ensure that the information we hold about you is accurate, complete and up-to-date.

From time to time, we may use your name and contact details to send you or your firm offers or information regarding our insurance services or promotions that may be of interest to you. Please let us know if you no longer wish to receive this information.

Definitions

In this proposal form the following words have special meaning.

"We", "our" "us" means Affinity Risk Partners (Brokers) Pty Limited trading as Affinity Insurance Brokers ("Affinity").

"Insurer" means Lumley General Insurance Limited ("Lumley").

"You" and "your" means the person proposing for the insurance or any nominated person in this proposal.

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

Insurer

This policy is issued by Lumley General Insurance Limited.

Binding Authority

This insurance is arranged under a binding authority given to us by the Insurer. In arranging the insurance and dealing with or settling claims, we will be acting as the agent for the Insurer and not as your agent.

How to Fill Out This Proposal Form

Please complete the proposal form by ticking the box next to the correct answer or writing the information requested in the space provided. If there is inadequate space to answer any questions please attach a separate sheet of paper. Write in the page number, section name (if necessary) and question number (if shown) plus the information you wish to add, eg: Page 4, Previous Insurance - ABC Insurance, comprehensive, policy number MPC123456, ceased 20/06/05.

Agreed Value versus Market Value

Agreed Value - You can insure your vehicle for an agreed value for a higher premium. Agreed Value means your vehicle is insured for the fixed amount shown in your schedule. If your vehicle is a total loss we will at our option replace your vehicle with an equivalent vehicle or pay the Agreed Value shown on your schedule. The Agreed Value includes the value of your vehicle including all accessories and equipment.

Market Value - If you choose the Market Value option when you buy this policy the most we will pay you is the Market Value of your car and any accessories or options noted on your schedule. This value is calculated at the time of loss or damage.

Optional Extras

Please tick Yes if required.

Windscreen Option

Yes No

(An additional or reduction in premium may apply)

Lifetime Protected No Claim Discount. Note: You must be on a 60% no

Yes No

claim discount and have been claim free for the last 3 years to qualify for this option.

(You must provide written proof from last 3 years. If not provided the option will be removed).

Additional Standard Excess. This is in addition to your standard excess.

Yes No

Please tick \$100 \$200 \$300 \$400 \$500

Security System Discount

Yes No

For approved and operational security systems. (Conditions apply refer to policy wording)

Low Kilometre Option

Yes No

Providing kilometres travelled are less than 10,000 km per year. (Conditions apply refer to policy wording)

Please answer all questions (Print information and indicate by a tick where applicable)

Registered Owner Details

Insured
 Mr Mrs Miss Ms Other (If registered in a Company Name please provide details of the Company)

Given name(s) _____
 Family/Company name _____
 Date of birth _____
 Home Phone number _____
 Bus. Phone number _____
 Email address _____

Insured's Occupation & Industry _____

Residential Address _____

 Postcode _____

Postal Address (if different) _____

 Postcode _____

Vehicle Ownership

If the vehicle is registered to a Company Name, please provide name of Directors? _____

Tax Status

Registered business Yes No ABN _____ Taxable % _____

Period of Insurance

From _____ to _____ at 4.00pm local standard time

Garaging Details

Where will the vehicle be kept when not in use? Please give full address (if at home address state "as above")

a. How will the vehicle be garaged during business hours?
 Lockup garage Carport Driveway Street Other, please give details below

b. How will the vehicle be garaged outside business hours? Other _____
 Lockup garage Carport Driveway Street Other, please give details above

Private Business If business, please state the % of use. _____

Use of Vehicle

Finance Details
 (Detail all third Parties who have a financial interest in the vehicle)

Is the vehicle leased or used as security for a loan? Yes No
 (Security means whoever gave you the finance could seize the vehicle if you miss payments).

Is there any recorded finance on the vehicle? Yes No (If "Yes", indicate the type of financial arrangement)
 Hire Purchase Corporate Hire Purchase Lease Bank/credit union Other _____

Name and address of finance provider _____

 Postcode _____

Do any other persons or entities have a financial interest in your vehicle? (eg: friend, relative, partner, subsidiary company etc)
 Yes No Interested parties _____

Purchase Details

a. Date of purchase _____ b. Purchase price _____

Excluding any trade-in or consumer credit insurance

c. Purchased from dealer auction friend / relative private sale

Name and address of seller _____

Vehicle Condition

a. Does the vehicle have any damage which has not been repaired? Yes No
 If "Yes", indicate the type of damage and provide details of the condition of the vehicle

Impact damage Rust damage Mechanical / accessory damage Interior damage
 Electrical damage Hail damage Other, please give details in the following question

Driver Details

It is important that you list the names of every person (including you) who will regularly drive the insured vehicle. If during the currency of the policy, any person under 25 years of age becomes a regular driver they must have our permission in writing and be nominated on your schedule. Any undeclared driver will be subject to an additional excess.

Additional Drivers

Driver	Driver's full name	Sex M/F	Date of Birth	No. of years fully licenced in Australia	Estimated % of total use by each driver	Does occasional driver have their own vehicle
Main Driver						
2						
3						
4						

Previous Insurance

List all your motor vehicle insurers during the last 5 years. A *No Claims Discount* (NCD) 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.

Driver Name	Insurance Company	Reg. Number	Type of Cover	Policy Number	Expiry Date	N.C.D

Accident, Claims & Personal Details

- Have you or any nominated driver, during the last five years:
 - had any motor vehicle stolen or destroyed by fire, whether reported to an insurance company or not? Yes No
 - had any accident whether reported to an insurance company or not? Yes No
 - made a claim on an insurer involving a motor vehicle? Yes No
 - had any insurance or renewal of insurance declined? Yes No
 - had special conditions or additional excesses imposed on any insurance or renewal? Yes No
 - had any driving or motor cycle licence endorsed, cancelled or suspended? Yes No
 - been charged, summonsed, convicted and/or fined for any motoring or driving offence including speeding fines/or traffic offences? Yes No
 - been charged, summonsed or convicted of any criminal offence including arson, drug offences, fraud or malicious damage, theft or injury to any person? Yes No
 - been declared bankrupt or had a vehicle repossessed? Yes No
- Do you or any nominated driver have any physical defect, infirmity or sight and hearing impairment? Yes No
- Are you regularly taking any medication which may affect your driving ability, including prescription or other drugs? Yes No

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

Date	Name of driver	Full details	Value

Declaration

This declaration must be completed by the insured(s). I hereby declare that I:

- have received a copy of the policy wording;
- have read and understood the information concerning the duty of disclosure, the notice regarding the Insurer and other important notices;
- have not withheld any information likely to affect the acceptance of this insurance;
- have answered every question fully and honestly;
- have either completed this proposal form personally or, if it has been completed by somebody else on my behalf, the answers have been checked for fullness and accuracy by me.

If during the period of insurance circumstances alter the information given in any question above, I will promptly inform Affinity.

By signing this proposal, I authorise Affinity:

- obtain from my previous insurer(s) any information it may need about my claims and prior insurance history;
- make enquiries from third parties to verify claims history and other information disclosed or statements made by me;
- disclose my claims history to any insurance agent appointed by me or to any former or future insurer of mine;
- reference the database Insurance Reference Services Limited to confirm the information supplied.

If during the period of insurance circumstances alter the information given in any question above I will promptly inform you.

Note: Be aware that our ability to check and verify information is not intended to relieve you of your obligation to tell the truth.

I/we agree to accept the terms, exclusions, conditions and limitations of the Affinity Motor Vehicle Insurance Policy.

<i>Insured Signature</i>	<i>Date</i>
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Disclaimer

This policy is underwritten by Lumley. In arranging and effecting this policy, Affinity will be acting under authority given to it by the Insurer. We will be acting as an agent of the Insurer and not as your agent.