

# Affinity Prestige

## Motor Vehicle Insurance Proposal



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 to pay. 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.

<b>Windscreen Option</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Lifetime Protected No Claim Discount.</b> Note: You must be on a 60% 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Double the Basic Excess Option</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Increase Basic Excess by:</b> Please tick <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$3,000	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Low Kilometre Option</b> Providing kilometres travelled are less than 10,000 km per year. (Conditions apply refer to policy wording)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Express Freight Option</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

**Use of Vehicle**

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

**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, as this policy is a **nominated driver only policy**. "Nominated Driver" means the person who drives your car once during the current **period of insurance** in **exceptional circumstances** only (or part of the term of your insurance prior to the date of loss). Drivers must at all times be acceptable as a risk under our relevant underwriting guidelines.

Any driver listed on the **schedule** must be over 25 years of age. Any driver driving an **exotic** car the **nominated drivers** must be over 30 years of age. If the drivers is under 25 years of age or under 30 for an **exotic** car, they cannot be included on the **schedule** unless agreed to by us. (Refer to your wording for full details).

**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 and all nominated drivers. 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.*