

## Motor Vehicle Insurance Application Form

Please READ and RETAIN in your file ...

### YOUR DUTY OF DISCLOSURE:

Before you enter into this insurance contract with the proposed Insurer, the Insurance Contracts Act 1984 requires you to provide information that they may need to enable them 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:

- \* provide the proposed Insurer with honest and complete answers
- \* tell the proposed Insurer everything you know; and
- \* tell the proposed Insurer everything that a reasonable person in the circumstances could be expected to tell a Insurer

Your duty however does not require disclosure of matters –

- \* that diminishes the risk to be undertaken by the proposed Insurer;
- \* that is of common knowledge
- \* that the proposed Insurer knows or, in the ordinary course of our business, ought to know;
- \* that the proposed Insurer tells you they do not need to know

### NON DISCLOSURE:

If you fail to comply with your duty of disclosure, your proposed Insurer may be entitled to reduce their liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, they may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the Insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

### YOUR ON-GOING DUTY OF DISCLOSURE:

You have the same duty to disclose any further matters to your proposed Insurer before you renew, extend, vary or reinstate a contract of insurance.

### PRIVACY ACT 1988:

The DPoA Group/LeaseMasters is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. We are therefore bound by the National Privacy Principles and the Privacy Act 1988 (Cth).

Information we collect:

All the information that we ask for is required for us to effectively coordinate your vehicle insurance and to provide you with the benefits available to you as part of The DPoA Group/LeaseMasters service package.

Right of access:

You have the right to access any such information held by The DPoA Group/LeaseMasters that relates to you and to collect any information that is inaccurate. If you object to us using the information as described you can advise us at any time by writing to:

The Privacy Officer  
DPoA/LeaseMasters  
PO Box 831  
North Melbourne VIC 3051

## The Applicant - Lessee ...

Names(s) of Registered Owner(s) of the Vehicle:

1. Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

2. Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Contact Numbers: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (M) \_\_\_\_\_

Email Address: \_\_\_\_\_

## Driver(s) Details ...

Drivers Name (main driver first)		DOB	Sex M/F	% Use of Vehicle	Year License obtained in Australia
Surname	Given Name				
				%	
				%	
				%	
				%	
				%	
				100%	

## Vehicle Details ...

Year of Manufacture	Make of Vehicle (eg. Holden, BMW)	Model (eg. Monaro, 320i)	Registration Number	Body Type (eg. Sedan, Wagon)	Number of doors	Engine Capacity (cc)
Engine or VIN No.						
Transmission: Auto/Manual						
Fuel Type: Petrol/Diesel/LPG						
Turbo or Supercharged						

Security Features	Alarmed?                      YES / NO	Immobiliser?    Yes / NO
	Electronic Tracking?    YES / NO	
	Is the Vehicle securely garaged at night?    YES / NO	

## Establishing Vehicle Value ...

Vehicle purchase price	
Vehicle purchase date	
Any existing damage	
Are there any accessories (including options fitted by the dealer) that are not standard features for the make and model of your vehicle?	
<b>Description:</b>	<b>Current Value:</b>
	\$
	\$
	\$
	\$
<b>Total Accessories:</b>	\$
Please provide details of any modifications from the manufacturers standard vehicle:	

## Finance Details ...

Type of Finance:     Novated Lease     CHP

Finance Company: \_\_\_\_\_

## Owner(s) and Driver's History ...

In the last 5 years have you or any person likely to drive this vehicle:

1. Had	
a) a claim, accident or car stolen and/or burnt?	YES / NO
b) insurance refused, declined or cancelled by an Insurer or special conditions imposed?	YES / NO
c) a driver / motorcycle licence cancelled, suspended or endorsed?	YES / NO
2. Been convicted or charged with:	
a) drug use, driving under the influence or exceeding Prescribed Concentration of Alcohol?	YES / NO
b) any driving offences or issued any speeding or traffic infringements?	YES / NO
c) fraud, arson, theft or any other criminal act?	YES / NO
3. Suffered from any physical or mental disability that may affect your ability to drive (excluding eyesight corrected by lenses)?	YES / NO

If you have answered "YES" to any of the above, please provide details below:

Name of Driver	Incident Date	Details of each Incident	Your Insurer	Person at Fault
e.g. J Smith	Month/Year	Speeding 15k over 70k zone		J Smith

## Declaration ...

In signing this form I acknowledge and understand the Terms and Conditions of the DPoA/LeaseMasters Comprehensive Motor Vehicle Insurance Policy.

I also 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 someone else, I have checked that the questions have been fully and accurately answered.

Please be advised that the initial approval of this application is based on the information provided and that if additional information is required, you may be contacted by DPoA/LeaseMasters.

**PLEASE NOTE:** This application and any quote is subjected to full assessment on all the information provided by the applicant and is indicative to full assessment by the Insurer. Any failure to provide the correct information may give the Insurer the right to deny any claim.

Applicants Signature 1: \_\_\_\_\_ Date: / / 20

Applicants Signature 2: \_\_\_\_\_ Date: / / 20