

PRIVATE MOTOR VEHICLE PROPOSAL FORM

Agent: _____

Policy Number:

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

- * Anything that increases the risk of an insurance claim.
- * Any criminal record.
- * If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
- * Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

- * Anything that reduces the risk of an insurance claim.
- * Anything we say you do not need to tell us about.
- * Anything that is common knowledge.
- * Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

PERSONAL DETAILS

Full Name(s) of the Insured(s) _____

Address _____

Phone _____ Mobile _____ Email _____

Postal Address for Notices (if different from address above) _____

Finance Company (or other interested parties) _____

Date Financial Interest Ends _____

Period of Insurance From _____ To _____ at 4pm

COVER

Covers already with FIT Yes No

Type of Cover (tick cover required) Full Cover 3rd Party Fire & Theft 3rd Party Only 3rd Party Bodily Injury

VEHICLE DETAILS

Please tick which type of vehicle you are insuring: Car/Ute/SUV Motorcycle Trailer Other

Make and Model of Vehicle _____

Year of Manufacture _____ Registration Number _____

Market Value of Vehicle (\$) _____ VIN/Chassis/Frame No _____

Engine Size (cc) _____ Turbo/Rotary? Yes No

Has the vehicle been modified? Yes No If "Yes", give details _____
(Including engine, exhaust, suspension, etc)

Has the vehicle been fitted with accessories worth more than \$1,000? Yes No If 'Yes', give full details
(Including sound systems, wheels, etc)

Does the vehicle have an alarm or immobiliser? Yes No If "Yes", give details _____

Where is the vehicle usually parked at night? Garage Driveway/Carport On Roadside Other (specify below) _____

Will the vehicle be used in connection with any profession, business or occupation? Yes No If 'Yes', give full details _____

DRIVER DETAILS

Main Driver	Other Driver(s)
Name _____	Name _____
DOB _____	DOB _____
Occupation _____	Occupation _____
Licence Type _____ <small>Learner, Restricted, Full, International</small>	Licence Type _____ <small>Learner, Restricted, Full, International</small>
Length licence held _____ yrs _____ months	Length licence held _____ yrs _____ months

DECLARATION QUESTIONS

Have you or anyone else who will be drive this vehicle had any motor accidents, damage or theft in the last 5 years (whether a claim was made or not)? Yes No If 'Yes', give full details

Have you or anyone else who will be drive this vehicle ever been indefinitely disqualified from driving for repeat alcohol or drug related offences? Yes No If 'Yes', give full details

Have you or anyone else who will be drive this vehicle:

- (a) Ever been imprisoned for any criminal or driving offence, or Yes No If 'Yes', give full details
- (b) Had any conviction or fine for either a criminal offence (within the last 7 years), or driving offence (within the last 3 years), or Yes No If 'Yes', give full details
- (c) Any prosecution pending for any criminal or driving offence? Yes No If 'Yes', give full details

Have you or anyone else who will drive this vehicle ever had insurance declined, cancelled or been refused renewal or had any special conditions imposed? Yes No If 'Yes', give full details

Is there any other information likely to affect this insurance? Yes No If 'Yes', give full details

ADDITIONAL INFORMATION

Do you want to exclude all drivers under the age of 25 for a premium discount? Yes No
(This extension may not be available if we restrict cover to named drivers as part of any special terms to insure the vehicle)

ON BEHALF OF THE APPLICANTS

I agree that:

1. *Material facts*

- (a) All information given to FIT (whether oral or written) is true and correct, and
- (b) All material facts have been disclosed (see "Your Duty of Disclosure")

2. *Terms of Policy*

The terms of FIT policy are accepted

3. *Agency*

Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FIT and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____

Position/Title (if applicable) _____ Date _____

Full Name _____

Applicants signature _____

Position/Title (if applicable) _____ Date _____

Full Name _____