

private motor insurance proposal



Lumley General Insurance Limited, ABN 24 000 036 279

IMPORTANT INFORMATION - Read this before completing this form.

- Proposer to complete all sections in full – Please tick boxes where required.
Every question must be answered fully, truthfully and accurately. If any question is not understood, please contact your local Lumley General Insurance office or your Broker.
If you do not answer any question satisfactorily, THE PROPOSAL WILL BE RETURNED FOR COMPLETION. This may affect your period of cover.

Print and complete all sections in black or blue pen.

1. Policy Details

Proposer's name in full

Text input field for proposer's name

Phone (business)

Phone (home)

Phone (mobile)

Fax

Email

Input fields for phone numbers and email

Postal Address

Postcode

Input fields for postal address and postcode

Address/Location - where the vehicle is usually parked overnight (if same as postal address, state "As Above")

Postcode

Input fields for address/location and postcode

Garage Driveway Carport BackYard On Street

Other (please specify)

Input field for other parking location

Goods and Services Tax:

(a) Australian Business Number (ABN), if applicable

Input field for Australian Business Number

(b) Tax Status % entitlement to Input Tax Credits

Input field for tax status percentage

Your business or occupation

Input field for business or occupation

Financier or other interested party

Input field for financier or interested party

Please specify their interest Lessor Lender Other (please advise)

Input field for interest specification

Period of insurance from to at 4:00pm local standard time

Input fields for insurance period

Please provide details of the vehicle to be insured

Year of manufacture Full manufacturer's description of vehicle

Input fields for year of manufacture and vehicle description

Manual or Automatic Registration number No of cylinders Engine/VIN or Chassis Numbers Purchase Price Current Value

Input fields for vehicle specifications and values

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Table with 4 columns: State, Address, Phone, Fax. Lists contact information for NSW, VIC, ACT, TAS, SA, WA, QLD, and NT.

SPECIAL NOTE: The next three questions relate to your DRIVING and INSURANCE HISTORY and also includes the details for any drivers you expect may drive your vehicle. This is VERY IMPORTANT information on which we will base our decision to insure you (and any other drivers).

If the information supplied is not **absolutely accurate** any claim lodged may be reduced or denied in total.

	Yes	No
Has the owner or any of the drivers in the LAST 5 YEARS:		
(i) had a motor accident or loss, a vehicle burnt or stolen or made a claim under a motor insurance policy? (Regardless of who was at fault and regardless of whether an insurance claim was made for any loss.)	<input type="checkbox"/>	<input type="checkbox"/>
(ii) had a speeding fine and/or any other motoring offences, or on-the-spot fines (other than for a parking infringement) including camera offences? (If you are unsure of your offences you must obtain a printout from the motor transport authority in your state.)	<input type="checkbox"/>	<input type="checkbox"/>
(iii) had, or will have, a driver's or motorcycle rider's licence cancelled suspended or special conditions imposed?	<input type="checkbox"/>	<input type="checkbox"/>
(iv) had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms conditions or excesses imposed?	<input type="checkbox"/>	<input type="checkbox"/>
(v) Do any of the drivers suffer from any physical or mental disability or medical condition or are dependent on any drug or medication which could affect their driving performance?	<input type="checkbox"/>	<input type="checkbox"/>

Has the owner or any of the drivers in the LAST 10 YEARS:		
(vi) had a conviction or been charged for driving under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
(vii) had a conviction for, or currently charged with, any criminal offence?	<input type="checkbox"/>	<input type="checkbox"/>

You have a duty, at law, to disclose all details pertaining to the questions in Section 3 (above). Please complete the section below in FULL if you have answered YES to any of the above questions.

If you are not completely sure of the details, you must confirm the information from the applicable motor transport authority or your previous insurer to ensure it is entirely correct.

Name	Full details of accidents, losses, offences and/or convictions, loss of licence, disability or drug dependancy.	Date	Amount of loss/fine	Insurer	Details of any Disability/Drug

Please provide details of your previous insurance and No Claim Bonus (NCB) Rating entitlement.

Previous insurer	Policy number	Expiry date	Vehicle	Registration number	NCB allowed

****IMPORTANT****

Please attach renewal notice (from your previous insurer) verifying your current No Claim Bonus entitlement.

If you are claiming a No Claim Bonus and you do not send us proof of your entitlement, we may reject your application, charge a higher premium or reduce your Period of Insurance

2. Important Information and Declaration

Insufficient space to answer

If insufficient space is provided on this proposal in respect of any questions contained on the proposal, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date the attachment.

Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of 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 matter:

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

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its 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.

Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your policy. Any transaction will be documented by us as quickly as possible.

Privacy

Lumley General Insurance Limited respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy and Procedures is available at any of our offices.

Excess

An excess is the sum of money we will not pay in respect of a claim. The insurance Schedule and Policy Wording detail the excesses which may be applicable.

Exceptional Circumstances

Are there any exceptional circumstances which are special or individual to you?

You only have to tell us about exceptional circumstances that you know (or a reasonable person in the circumstances could be expected to know) are relevant to our decisions about:

- whether to insure you;
- how much to charge; or
- any special rules that may apply to you or the policy.

You do not have to tell us anything that:

- we could reasonably be expected to ask you in a specific question; or
- will reduce the possibility of a claim; or
- is common knowledge; or
- we already know about, or we ought to know about through our business; or
- we have said we do not need to know.

Declaration

I declare that I have:

- received a copy of the Policy Wording;
- read the information concerning the Duty of Disclosure and other important notices;
- answered every question fully and honestly;
- either completed this proposal form personally or, if it has been completed by someone else, the answers have been checked for fullness and accuracy by me.

If during the Period of Insurance circumstances change in the information I have provided, I will promptly inform you.

I understand that if I have not fulfilled my Duty of Disclosure my claim may be reduced.

I authorise Lumley General Insurance Limited to obtain claims and any other information they require from my previous insurers or the Insurance Reference Services Ltd to confirm the information I have supplied, if required by them at any time.

REMINDER: Attach documentary evidence of your current No Claim Bonus entitlement

Signature

Date (dd/mm/yyyy)

Signature

Date (dd/mm/yyyy)