



INSURANCE DECLARATION

PLEASE READ THE FOLLOWING CAREFULLY, IF YOU DO NOT AND YOUR CIRCUMSTANCES CHANGE YOUR CLAIM MAY NOT BE PAID!

YOU MUST PROVIDE US WITH UP-TO-DATE DETAILED INFORMATION (Including ALL traffic offences (eg. exceeding the speed limit), accidents, any changes to your overnight parking facilities, additional drivers, etc) NOW AND PRIOR TO ALL SUBSEQUENT RENEWALS

YOUR DUTY OF DISCLOSURE

What you must tell us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important that you understand you are answering our questions in this way for:

- 1) yourself
- 2) anyone else who you permit to use your vehicle.

What you are not required to disclose

You do not have to tell us about any matter:

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

If you do not tell us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having worked.

The types of changes you should tell us about include:

- The driver(s) or owner of the motor vehicle changes
- Overnight parking arrangements
- The type, condition or failure of required security devices
- Modifications to the motor vehicle.

COOLING OFF PERIOD

If you want to return your insurance after your decision to buy it, you may cancel it and receive a full refund. To do this you may notify MB or your Financial Services Provider electronically or in writing within 21 days from the date the Policy commenced.

This cooling-off right does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights as detailed in your Policy.

AGENT OF INSURER

MB Insurance Group Pty Limited is acting under an authority to bind insurance and settle claims given by QBE Insurance (Australia) Limited. MB Insurance Group Pty Limited will be acting as the agent of QBE Insurance (Australia) Limited and not the agent of you, the insured.

PRIVACY

QBE and MB provide information about how we manage the privacy of personal information in the Product Disclosure Statement or on our websites www.qbe.com, or www.mbinsurance.com.au, or you can contact either the Compliance Manager of QBE at compliance.manager@qbe.com or Compliance Manager at MB at compliance@mbinsurance.com.au.



Period of Insurance: Start _____ and end _____ at 4:00 PM local standard time.

Name of Registered Owner: _____

Postal Address: _____ **Email:** _____

VEHICLE DETAILS

Vehicle Year/Make/Model: _____

Transmission: Automatic Tiptronic Manual

Registration Number: _____ **VIN or Engine Number:** _____

Accessories/Modifications: _____

Cover Type: Comprehensive Limited Kilometres (< 8000kms per year) Low Kilometres (< 5000kms per year)

Odometer Reading: _____ kms

Overnight Parking Address: _____

Parked Overnight In: Garage Private Car Park Carport Driveway Other: _____

(No theft cover is provided if the vehicle is parked in the street overnight at or near the parking facility nominated above)

Agreed Value: \$ _____ **Vehicle Financed:** No Yes **Financier:** _____

Is the vehicle used 25% or more of the kilometres that it travels each year for earning income?

No - it will be insured for private use Yes - it will be insured for business use

PREVIOUS INSURANCE DETAILS

No Claim Bonus: _____ **Insurer:** _____

DRIVER DETAILS

PLEASE PROVIDE DETAILS OF ALL PERSONS WHO DRIVE THE VEHICLE OVER 2% OF THE TIME.

- If you leave out information, you may not be covered.
- Drivers who use the vehicle less than 2% of the time and are not named here may incur an additional excess.
- Drivers less than 25 years of age not acceptable (30 in some cases).

Full Name	Date of Birth	% of Use	Does this driver hold a current Australian driver's license? (non-provisional)?	
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> Yes
			<input type="checkbox"/> No	<input type="checkbox"/> Yes

If insufficient space, please attach a separate page, signed and dated at the bottom.

1. In the three (3) years **PRIOR TO THE START OF THIS POLICY**, have any of the above named drivers had any accidents, vehicles stolen or burnt, or any other losses involving a vehicle where an insurance claim has been made?

No Yes If Yes, please provide precise details.

Driver Name	Type of Loss	Whose Fault was it?	Date of Loss	Cost
				\$
				\$
				\$
				\$
				\$
				\$

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2. In the three (3) years **PRIOR TO THE START OF THIS POLICY**, have any of the above named drivers committed any traffic offences which resulted in a conviction or in respect of which a penalty has been imposed or the driver has lost points (do not include parking fines)?

No Yes If Yes, please provide precise details including driver name, description and date.

Driver Name	Type of Offence <i>(For PCA/DUI offences provide the PCA/DUI reading)</i>	Date	If Speeding, kms over limit

If insufficient space, please attach a separate page, signed and dated at the bottom.

3. In the five (5) years **PRIOR TO THE START OF THIS POLICY**, have any of the above named drivers or owners:

- been charged or summonsed for arson, drugs, fraud, malicious damage, theft or injury to any person?
- had any insurance refused, cancelled, claim declined or special conditions imposed?

No Yes If Yes, please provide precise details.

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4. Do any of the above named drivers have any health problems that may affect their driving?

No Yes If Yes, please provide precise details.

If insufficient space, please attach a separate page, signed and dated at the bottom.

DECLARATION

I agree and acknowledge that:

- QBE Insurance (Australia) Limited and their agent, MB Insurance Group Pty Limited, will rely on the information provided in this Insurance Declaration to decide whether to insure me and on what terms.
- Before completing this Insurance Declaration I received a copy of QBE Insurance (Australia) Limited's Motor Product Disclosure Statement and Policy Wording and if I am a client who did not use an agent in placing this insurance, a copy of MB Insurance Group Pty Limited's Financial Services Guide.
- If my Insurance Declaration is accepted, the insurance cover will be subject to the terms and conditions stated in the policy (or as otherwise specifically varied by QBE Insurance (Australia) Limited or their agent, MB Insurance Group Pty Limited in writing and agreed to by me).
- I understand that I must declare all changes in respect of my overnight parking facilities and/or existing drivers and/or additional drivers.
- My personal information, including that information supplied in this Insurance Declaration may be used and stored by MB Insurance Group Pty Limited and their related bodies corporate in accordance with the Privacy Policy provided to me in this document.
- The information in this Insurance Declaration is true.
- QBE Insurance (Australia) Limited and their agent, MB Insurance Group Pty Limited, are authorised to give to, or obtain from, any other insurer or insurance reference bureau any information relating to this insurance or any insurance I have held or claim I have made.

Signature of registered owner requesting insurance: _____ Date: _____