ABN. 96 070 982 106 AFSL No. 243522

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, ACCIDENTS, CHANGES TO YOUR OVERNIGHT PARKING FACILITIES AND ADDITIONAL DRIVERS.

YOUR DUTY WHEN YOU APPLY FOR INSURANCE

By proceeding, you confirm that you have read the following important information.

By law, you must take reasonable care not to make a misrepresentation. This means giving us true, complete and accurate answers to our questions, including where you provide information on someone else's behalf.

We use your answers to decide whether to insure you and on what terms.

If any of your answers are misleading, incomplete, inaccurate or fraudulent we may reduce or not pay a claim, cancel your policy or treat it as if it never existed.

If you don't understand a question, you're unsure how to answer or if anything is unclear, please call us.

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 <a href="www.q



MB Insurance Group Pty Limited

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Period of Insurance: Start								
		and end	at 4	:00 PM local stand	dard time.			
Name of Registered Owner:								
Postal Address:	Email:							
VEHICLE DETAILS								
Vehicle Year/Make/Model:								
Transmission: Automatic	Tiptronic	☐ Man	ual					
Registration Number:		VIN or Engine	Number:					
Accessories/Modifications:								
Cover Type: Unlimited Kilometres								
Odometer Reading:		kms						
Overnight Parking Address:								
Parked Overnight In: Gara	ige Private C	ar Park 🔲 Carpor	t Driveway	Other:				
(No theft cover is provided if the vehicle is parked in the street between the hours of 11pm and 5am within 250 metres of the								
Overnight Parking Address noted above) Agreed Value: \$								
Is the vehicle used 25% or more of the kilometres 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). 								
			may incur an additiona	l excess.				
			nay incur an additiona	Does this drive	r hold a current			
			may incur an additiona % of Use		iver's license			
Drivers less than 25 years of age		n some cases).		Does this drive	iver's license			
Drivers less than 25 years of age		n some cases).		Does this driver Australian dri (non-prov	iver's license visional)?			
Drivers less than 25 years of age		n some cases).		Does this driver Australian dri (non-prov	iver's license visional)?			
Drivers less than 25 years of age		n some cases).		Does this drive Australian dri (non-prov	iver's license visional)? Yes Yes			
Drivers less than 25 years of age	e not acceptable (30 ir	Date of Birth	% of Use	Does this driver Australian dri (non-prov	iver's license visional)? Yes Yes Yes			
Full Name Full Name If insufficient space, please attach a 1. In the three (3) years PRIOR TO	s not acceptable (30 in	Date of Birth Date of Birth ed and dated at the both Birth HIS POLICY, have any	% of Use ttom.	Does this driver Australian dri (non-prov	iver's license visional)? Yes Yes Yes Yes Yes			
Drivers less than 25 years of age Full Name If insufficient space, please attach a	s not acceptable (30 in	Date of Birth Date of Birth ed and dated at the both Birth HIS POLICY, have any	% of Use ttom.	Does this driver Australian dri (non-prov	iver's license visional)? Yes Yes Yes Yes Yes			
Full Name Full Name If insufficient space, please attach a 1. In the three (3) years PRIOR TO stolen or burnt, or any other loss	s not acceptable (30 in	Date of Birth Date of Birth ed and dated at the both the policy, have any le where an insurance	% of Use ttom.	Does this driver Australian dri (non-prov	iver's license visional)? Yes Yes Yes Yes Yes			
Full Name Full Name If insufficient space, please attach a 1. In the three (3) years PRIOR TO stolen or burnt, or any other loss	s not acceptable (30 in separate page, sign of the START OF Theses involving a vehice	Date of Birth Date of Birth ed and dated at the book HIS POLICY, have any le where an insurance ecise details.	% of Use ttom.	Does this driver Australian dri (non-prov	iver's license visional)? Yes Yes Yes Yes Yes			
Full Name Full Name If insufficient space, please attach a 1. In the three (3) years PRIOR TO stolen or burnt, or any other loss No Yes If Ye	separate page, sign THE START OF Tools Ses involving a vehicus, please provide pro	Date of Birth Date of Birth ed and dated at the book HIS POLICY, have any le where an insurance ecise details.	ttom. of the above named claim has been made	Does this driver Australian dri (non-prov No No No No Average No	iver's license visional)? Yes Yes Yes Yes Coidents, vehicles			
Full Name Full Name If insufficient space, please attach a 1. In the three (3) years PRIOR TO stolen or burnt, or any other loss No Yes If Ye	separate page, sign THE START OF Tools Ses involving a vehicus, please provide pro	Date of Birth Date of Birth ed and dated at the book HIS POLICY, have any le where an insurance ecise details.	ttom. of the above named claim has been made	Does this driver Australian dri (non-prov No No No No Average No	visional)? Yes Yes Yes Yes Coidents, vehicles			
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Full Name Full Name If insufficient space, please attach a 1. In the three (3) years PRIOR TO stolen or burnt, or any other loss No Yes If Ye	separate page, sign THE START OF Tools Ses involving a vehicus, please provide pro	Date of Birth Date of Birth ed and dated at the book HIS POLICY, have any le where an insurance ecise details.	ttom. of the above named claim has been made	Does this driver Australian dri (non-prov No No No No Average No	iver's license visional)? Yes Yes Yes Yes Coidents, vehicles Cost \$ \$ \$			

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



The information in this Insurance Declaration is true.

Signature of registered owner requesting insurance:_

made.

MB Insurance Group Pty Limited

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2.		THE START OF THIS POLICY, have any of the above name rit points being imposed or for which a conviction was record						
	No ☐ Yes If Yes, please provide precise details including driver name, description and date.							
	Driver Name	Type of Offence (For PCA/DUI offences provide the PCA/DUI reading)	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.							
If insufficient space, please attach a separate page, signed and dated at the bottom.								
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.								
	CLARATION							
 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.							

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Date:

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