



Proposal

INTRODUCTION

This insurance cover is being arranged through Enthusiast Underwriting Pty Ltd ABN 35 142 206 746; AFS Licence No. 396716.

The insurer, Assetinsure Limited ABN 65 066 463 803 of Level 21, 45 Clarence Street, Sydney is licensed by APRA. Please read our Combined Financial Services Guide/ PDS & Policy Wording in its entirety to ensure it meets your needs before completing this application form. Please telephone us if you have any queries.

ANSWERING OUR QUESTIONS

Your duty to take reasonable care

Before you enter into any Policy with us, you have a duty to take reasonable care not to make a misrepresentation under the Insurance Contracts Act 1984 (Cth) (Insurance Contracts Act).

This duty of reasonable care applies until you enter into (or vary, renew, extend or reinstate) the contract of insurance.

Your duty when you enter into a contract of insurance with us for the first time

When you answer our questions that are relevant to our decision about whether to accept the risk of insurance and, if so, on what terms, you must take reasonable care not to make a misrepresentation to us before entering into the insurance contract.

It is important that you understand you are answering our questions in this way for yourself and anyone else that you want to be covered by the contract of insurance.

Your duty when you vary, renew, extend or reinstate the contract of insurance

When you are proposing to renew, vary, extend or reinstate your Policy with us we may ask you to answer questions that are relevant to our decision whether to accept the risk of insurance and, if so, on what terms.

Your duty is to take reasonable care not to make a misrepresentation to us before the insurance contract is varied, renewed, extended or reinstated.

We may also give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must:

- tell us about any change; or
- tell us that there is no change.

If you do not tell us about a change, you will be taken to have told us that there is no change.

What is taken into account to determine whether you have taken reasonable care

Whether you have taken reasonable care not to make a misrepresentation will be determined with regard to all relevant circumstances, including:

- the product type and its target market;
- explanatory material or publicity produced or authorised by us;
- how clear and specific any questions we asked were and how clearly we communicated to you the importance of answering those questions and the possible consequences of failing to do so;
- whether or not an agent was acting for you;
- whether the contract was a new contract or was being renewed, extended, varied or reinstated; and
- any particular characteristics or circumstances relating to you of which we are aware or ought reasonably to have been aware.

Any misrepresentation made fraudulently is a breach of your duty to take reasonable care.

Who needs to tell us?

The duty to take reasonable care applies to you and everyone that is insured under the contract of insurance.

If you do not tell us

If you, or anyone insured under your Policy, fails to comply with this duty to take reasonable care, we may be entitled to reduce our liability under your contract of insurance in respect of a claim, cancel the contract or both. If the non-disclosure is fraudulent, we may also have the option of treating your contract of insurance as if it never existed.

General Insurance Code of Practice

Assetinsure subscribes to the General Insurance Code of Practice (GICOP). The GICOP was developed with the Insurance Council of Australia to further raise standards of practice and service areas across the insurance industry.

The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the GICOP.

You can obtain more information on the GICOP and how it can assist you by contacting us on (02) 9251 8055.

For more information on the GICOP and CGC, visit www.codeofpractice.com.au.



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Privacy Statement

This Privacy Statement describes how we collect, use, handle and disclose your personal information. It also describes the matters to which you give your consent when applying for a Policy.

Any personal information we collect will be handled in accordance with our Privacy Policy (available at www.assetinsure.com.au) and the *Privacy Act 1988* (Cth) (the Privacy Act). Our Privacy Policy includes information about your right to access and seek correction of the personal information we hold about you and how you may do this, how you can make a complaint about a breach of your privacy rights and how we deal with complaints.

Collection and use of your personal information

We usually collect personal information directly from you. In some circumstances, we may collect your personal information from another person or source – we usually only do this when it is unreasonable or impracticable for Assetinsure to collect it directly from you or when you would expect us to collect the information from a nominated third party. For example, when you authorise a representative (e.g. an insurance broker, financial planner, legal services provider, agent or carer providing services) to deal with us on your behalf, we will seek the information directly from them.

You agree that your personal information may be collected, held and used by us for the purpose of providing our services to you, including offering and assessing an application for a Policy and providing, managing and/or administering any Policy subsequently provided to you.

In addition, you agree that your personal information may be collected, held and used for the purposes of corresponding with you, managing any claims you make and services we provide you, executing your instructions, managing our relationship with you, complying with legislative and regulatory requirements, collecting payments, responding to your enquiries, marketing our services and understanding services you may be interested in receiving (we may do this by calling you or sending you direct mail, such as by email to your email address), for internal purposes (including risk management, underwriting and pricing, quality assurance and training purposes) and for other purposes identified at the time of collecting your information.

Consequences if information is not provided

If you do not provide us with the information we need, we will be unable to consider your application for insurance, administer your Policy or manage any claim under your Policy.

Disclosure of your personal information

You agree that we may disclose your personal information:

- to Enthusiast;
- to our external service providers and contractors (such as any mail house, commercial agent or entities engaged by us to carry out certain business activities on our behalf, such as loss assessors, claims investigators, insurance reference bureaux, underwriters and re-insurers, lead generators, data analysts, claims reference providers, hospitals, medical and health professionals and information technology service providers);
- to our related entities, assignees, agents and external advisers (such as legal and other professional advisers);
- to any other person we consider necessary to execute your instructions;
- to any financial institution to or from which a payment is made in relation to any Policy you have; and
- in accordance with any consent you give or where disclosure is authorised or compelled by law (for example, to law enforcement and regulatory, government and dispute resolution bodies).

Transfer of personal information overseas

You agree that we may disclose your information to recipients located overseas, including the USA, Canada, Bermuda, Europe (including the United Kingdom), Singapore, South Africa, Hong Kong and India.

Information about another person

If you provide information about any other person, you agree to tell them that you are providing this information to us, about our contact details in this document, the reason you are providing their information, the fact that we have collected personal information from you and about the contents of this Privacy Statement.

How you can make a complaint and how they are handled

We are committed to providing quality services to you. This commitment extends to giving you easy access to people and processes that can resolve a service issue or complaint.

If you have a complaint about how we have handled your personal information, please contact the Privacy Officer by:

- post at Assetinsure Pty Ltd, Level 21, 45 Clarence Street, Sydney NSW 2000;
- email at privacy@assetinsure.com.au; or
- phone on (02) 8274 2898.

We will do our best to resolve it quickly and fairly.

If the matter cannot be resolved to your satisfaction by us, you have the right to refer the matter to the Australian Financial Complaints Authority (AFCA). AFCA is an external dispute resolution body that provides a free and independent dispute resolution service for retail clients. AFCA can be contacted at:

Australian Financial Complaints Authority
GPO Box 3, Melbourne Victoria 3001
Tel: 1800 931 678
Email: info@afca.org.au
www.afca.org.au

A decision of AFCA is binding on us (up to specified jurisdiction limits). A decision of AFCA is not binding on you and you have the right to seek further legal assistance.

Cooling Off Period

You are entitled to end this insurance cover prior to the expiration of 21 days from the commencement of the Period of Insurance shown on the Schedule of Insurance, unless you have made a claim under the policy. The unexpired portion of the premium less any non-refundable government taxes and duties will then be repaid.

Enthusiast offices

PO Box 257 Ferny Hills Qld 4055

PHONE (Australia Wide) 1800 10 10 44 or 02 8416 1999
EMAIL motor@enthusiast.com.au



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Commencement Date	Expiration Date	Cover required
□□/□□/20□□	□□/□□/20□□	<input type="checkbox"/> Agreed Value Comp <input type="checkbox"/> Third Party Only

1. The Proposer

Name 1 / company name		DOB □□/□□/□□□□
Name 2		DOB □□/□□/□□□□
Residential address		
Suburb	State	Postcode
Postal address (if different from above)		
Suburb	State	Postcode
Occupation	Years licence held?	
Phone (home)	Phone (work)	
Phone (mobile)	Email	
What is your No Claim bonus?	Which company is it with?	

Please provide documentary evidence of your current No claim bonus and attach to this proposal.

2. Intermediary details (if applicable)

Broker	
Account Executive	Contact phone number
Address	
	Email

3. GST details (if you intend to claim input tax credits, please provide)

Your ABN	Entitlement to input tax credits	%
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4. Drivers

Please list all those who will be driving the vehicle (anyone not listed on your Schedule is not insured and cover will NOT apply).

Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage use %	
Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage use %	
Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage use %	
Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Age	DOB <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Percentage use %	

5. Driving history of all the drivers of this vehicle (including the Proposer)

SPECIAL NOTE: This section relates to your **DRIVING** and **INSURANCE HISTORY** and also includes the details for any drivers you allow to drive your vehicle. This is **VERY IMPORTANT** information on which we will base our decision to insure you (and any other drivers) and on what basis. If the information supplied is not absolutely accurate, any claim lodged may be reduced or denied in total.

When renewing your insurance with us, you do not need to disclose information you have previously disclosed to us or information we would know during the normal course of our business.

In the last five years, has anyone driving this vehicle had:

1. **A motor accident or damage of any kind even if you were not insured at the time?** Yes No

For example

- Was the other party at fault?
- Were you or your driver at fault?
- Was the vehicle damaged by a weather event? (Hail, Storm, Flood etc)
- Was the vehicle stolen or burnt?
- Was the vehicle maliciously damaged?
- Was a windscreen or window glass accidentally broken?
- Was there a theft from the vehicle?

2. **Have you or any driver had any driving conviction?** Yes No

For example

- Have you been convicted for driving while your license was suspended?
- Have you been convicted for any alcohol (DUI) or drug related offences?
- Have you been convicted for dangerous driving, culpable driving, causing death or similar?
- Failure to stop after an accident?
- Refused to undertake a blood, breath or drug test?



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3. Have you had any driving offences?

Yes No

For example

- Driving Under the Influence (DUI) of alcohol or drugs
- Exceeding the speed limit by more than 30 km/h
- Exceeding the speed limit by more than 20 km/h
- Disobeying a stop sign
- Not obeying a red light
- Negligent driving
- Licence suspension or period of good driving behaviour

4. Have you been convicted for any other demerit offences not already mentioned?

Yes No

(This includes speeding, mobile phone and any other offences not listed).

5. Have you or any driver had Insurance declined by another insurer?

Yes No

You do not have to tell us if you were declined if:

- a. your previous insurer changed their rules and no longer offers the cover you require
- b. you have modified your vehicle to the extent where the insurer will no longer offer cover.

6. Have you or any driver had a criminal conviction or been charged with a criminal offence?

Yes No

If the answer to any of the above questions was yes, we require complete information for each event. If you are not completely sure of the details, you must confirm the information with the applicable motor transport authority or your previous insurer to ensure it is entirely correct.

Name	Date	Description
	□□/□□/20□□	
	□□/□□/20□□	
	□□/□□/20□□	
	□□/□□/20□□	
	□□/□□/20□□	
	□□/□□/20□□	



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7. Vehicle Details

Year	Make
Model	Series
Body type <input type="checkbox"/> Coupe <input type="checkbox"/> Fastback <input type="checkbox"/> Sedan <input type="checkbox"/> Motorcycle <input type="checkbox"/> Wagon <input type="checkbox"/> Utility <input type="checkbox"/> Panel van <input type="checkbox"/> Convertible <input type="checkbox"/> SUV <input type="checkbox"/> 4WD <input type="checkbox"/> Other	

Transmission

Automatic Manual CVT Other

Fuel type

Petrol Diesel LPG Hybrid Electric Hydrogen

Engine capacity

No of cylinders

Vehicle Identification Numbers (these numbers are required to commence cover)

Registration number

VIN/Chassis number

Engine number

What is the odometer reading?

This reading is required to commence cover.

If purchased recently, what was the purchase price? \$

What year was the vehicle purchased?

What do you consider to be the current value of the vehicle? \$

How did you purchase the vehicle?

Car yard/ dealer Private sale Friend/ relative Deceased estate

SECURITY (Details and Current Security Information)

What security devices are fitted to the vehicle?

None Kill switch Kill switch & alarm Immobiliser Immobiliser & alarm
 Self arming immobiliser Car alarm Monitored tracking Mechanically disabled

MODIFICATIONS AND ACCESSORIES

Is the vehicle modified or has it had accessories fitted?

Yes No

Please list below

Does the vehicle have any pre-existing unrepaired damage?

Yes No



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If your vehicle has off road capability, what percentage of the time is it used off road? %

USE OF YOUR VEHICLE (Please tick the most accurate description of how you use your vehicle.)

Private Business Restricted/Historic

Your Nominated Annual Distance (please select from the following):

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Up to 1,000KM | <input type="checkbox"/> Up to 2,000KM | <input type="checkbox"/> Up to 3,000KM | <input type="checkbox"/> Up to 4,000KM |
| <input type="checkbox"/> Up to 5,000KM | <input type="checkbox"/> Up to 6,000KM | <input type="checkbox"/> Up to 7,000KM | <input type="checkbox"/> Up to 8,000KM |
| <input type="checkbox"/> Up to 9,000KM | <input type="checkbox"/> Up to 10,000KM | <input type="checkbox"/> Up to 11,000KM | <input type="checkbox"/> Up to 12,000KM |
| <input type="checkbox"/> Up to 13,000KM | <input type="checkbox"/> Up to 14,000KM | <input type="checkbox"/> Up to 15,000KM | <input type="checkbox"/> More than 15,000KM |
| <input type="checkbox"/> Laid Up/Restoration – never driven | | | |

FINANCING YOUR VEHICLE

Is your vehicle under finance? Yes No

What is the name of the company?

8. Garaging your vehicle (and security arrangements)

Is the vehicle garaged at your home address? Yes No

If not, please give the address below

Where is the vehicle kept?

- Locked garage Locked undercover compound Off street Carport Shed Farm shed
 Inside your home Street

What is the construction of the Garage?

- Iron roof/ iron walls Iron roof/ brick/concrete walls Tile roof/ brick/concrete walls Wooden structure
 Other (please describe)

Is the garage:

- part of your main dwelling? a separate building on your property? a commercial premises?

Fire protection?

- None Smoke detectors Fire alarm Fire extinguishers Fire hose

If the garage is in a rural area, what is the distance to uncleared vegetation in metres?

Are hazardous materials adequately stored (fuel, paint, solvents etc.)? Yes No

Is the garage used for storage of household goods? Yes No

Please describe how the vehicle is parked during the day.



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9. Policy Options

Excess Free Windscreen or Glass Replacement Vehicles over 30 years automatically receive this Option.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Lifetime No Claim Bonus Rating Protection	Yes <input type="checkbox"/> No <input type="checkbox"/>
Salvage Rights This Option is only available to vehicles older than 15 years old. Vehicles over 30 years automatically receive this Option.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rental Car following an accident This Option is only available if you have selected that the vehicle is driven more than 8,000KM annually.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spare Parts	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. IMPORTANT DECLARATION (please read before signing)

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Enthusiast Underwriting may make their decision on binding cover having regard to these answers.

- you acknowledge that you have read the notice explaining your duty to take reasonable care at the beginning of this application form;
- you have read and checked any answers not completed in your handwriting and to the best of your knowledge and belief all the answers to the questions in this application form are true and correct and no information has been withheld;
- all the disclosed particulars are true and correct; and
- you agree to be bound by the terms and conditions of the Combined Financial Services Guide/ PDS and Policy Wording which relates to this application form that has been made available to you.

You also consent to:

- the use of your personal information for the purposes shown in our privacy statement;
- the disclosure of your personal information to, and obtaining information from, other parties as shown in the privacy statement; and
- the exchange of information about your claim/s or insurance history with other insurers or credit reference bureau.

You also confirm that if you have disclosed personal information about any other person, we understand that you will advise them that you have:

- disclosed to us the personal information about that person and give us consent to use it for the purposes shown in the Privacy statement; and
- consented to disclose to and obtain any other information about that person from other parties including those shown in the Privacy statement.

I accept the above statement

Name

Date / / 20

On behalf of the Insured