



Proposal

INTRODUCTION

This insurance cover is being arranged through Enthusiast Underwriting Pty Ltd ABN 35 142 206 746; AFS Licence N° 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

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 yourself and anyone else who you want to be covered by the policy.

If You do not tell Us

If you do not answer our questions in this way, we may refuse to pay a claim and treat the policy as if it never existed.

Code of Practice

We subscribe to the General Insurance Code of Practice that sets out the standards of practice and service for the insurance industry. It is our aim to provide quality service to you. Further details of this Code of Practice are contained in the policy.

Privacy Statement

Assetinsure Pty Ltd is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, holding, use and disclosure of personal information.

We are collecting the personal information requested to determine whether and on what terms we might issue you an insurance policy or to manage a claim in relation to an insurance policy you have with us. If you don't provide all the information requested, the main consequence is that we may not be able to issue you with a policy or pay your claim.

We may use your personal information for other purposes if you consent. This may also be the case in other limited circumstances permitted under the Privacy Act 1988, such as where you would reasonably expect us to do so and/or the other purpose is related to the purpose for which we collected the information.

In some circumstances, we may collect your personal information from another person or another source. This will only be where it is unreasonable or impracticable for us to collect it directly from you or you would expect us to collect the information from the nominated third party. For example, where you authorise a representative, e.g. an insurance broker, a financial planner, a legal services provider, an agent or carer providing services to you to deal with us on your behalf.

In issuing and/or managing your policy or claim we may need to disclose your personal information to, another insurer, our reinsurers, an insurance broker, our legal providers, our accountants, loss investigators or adjusters, anyone acting as your agent or regulatory bodies. We will only do so if it is reasonably necessary for, or directly related to the issuing or managing your insurance policy or claim.

In disclosing your personal information to one of these parties it may be necessary to disclose your information overseas. The countries these parties usually operate in are, the USA, Canada, Bermuda, Europe (including the United Kingdom), parts of Asia, including but not limited to Singapore, Hong Kong and India. If we disclose the information overseas you should be aware that the overseas entity is not bound by the Privacy Act 1988 and so you would not be able to seek redress against them under the Privacy Act 1988. There may be no similar privacy law to the Privacy Act 1988 in the overseas party's country and you may also not be able to seek redress under the laws in the party's country. Assetinsure has sought written agreement from its overseas business partners that they will handle personal information in accordance with Assetinsure's Privacy Policy.

By signing the proposal or claim form you expressly consent to us using your personal information in any of the manners detailed above. You also consent to us searching publicly available information that contains your personal information for the purposes of considering a proposal, paying a claim or any other purpose in connection with a policy we provide to you.

Our Privacy Policy is available on our website www.assetinsure.com.au. Our Privacy Policy sets out details of how you can access (and if necessary correct) the personal information we hold about you. It also sets out how and to whom you might complain about a breach of Privacy Law.

If you require any other information regarding Privacy please contact; The Privacy Officer, by post at Assetinsure Pty Ltd, Level 21, 45 Clarence Street Sydney NSW 2000, by e-mail at privacy@assetinsure.com.au or phone (02) 8274 2898.

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

EMAIL motor@enthusiast.com.au



Proposal

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	%
----------	----------------------------------	---



Proposal

4. Drivers

Please list all those who will be driving the vehicle (anyone not listed on your Schedule is not insured & 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 5 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?

(If no go to question 2)

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?
- A windscreen or window glass was accidentally broken?
- Was there a theft from the vehicle?

2. Have you or any driver had any driving conviction? (If no go to question 3)

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?



Proposal

3. Have you had any driving offences? (If no go to question 4) Yes No

For example

- Have you been convicted any Driving Under the Influence (DUI) of alcohol or drugs?
- Exceeding the speed limit by more than 30 Km/h?
- Disobeying a Stop sign?
- Not obeying a red light?
- Negligent driving?
- Had your licence suspended or accepted a period of good driving behaviour?

4. Have you been convicted for any other demerit offences not already mentioned? (This includes Speeding and any other offences not listed). (If no go to question 5) Yes No

5. Do you or 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 driving performance? Yes No

6. Have you or any driver had Insurance declined by another insurer? (You do not have to tell us if you were declined if): Yes No

- 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.

7. Have you or any driver had Yes No

- a criminal conviction or charged with a criminal offence?

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 from the applicable motor transport authority or your previous insurer to ensure it is entirely correct.

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



Proposal

6. Vehicle Details

Year	Make
------	------

Model and Series

Body Type Coupe Fastback Sedan Motorcycle Wagon Utility Panel Van
 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 had accessories fitted? Yes No

Please list below

Does the vehicle have any pre-existing unrepaired damage? Yes No



Proposal

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:

- Up to 1,000KMS Up to 2,000KMS Up to 3,000KMS Up to 4,000KMS Up to 5,000KMS Up to 6,000KMS
 Up to 7,000KMS Up to 8,000KMS Up to 9,000KMS Up to 10,000KMS Up to 11,000KMS
 Up to 12,000KMS Up to 13,000KMS Up to 14,000KMS Up to 15,000KMS More than 15,000KMS
 Laid Up/Restoration – never driven

FINANCING YOUR VEHICLE

Is your vehicle under finance? Yes No

What is the name of the company?

7. Garaging your vehicle (and security arrangements)

Is the vehicle garaged at your home address? Yes No

If not please give the address below

Is the vehicle kept in a?

- 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 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?



Proposal

8. 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 (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 (only available if you have selected that the vehicle is driven more than 8,000KMS annually)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spare Parts	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. 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 of disclosure 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 policy;
- the disclosure of your personal information to, and obtaining information from, other parties as shown in the privacy policy; 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 Policy; and
- consented to disclose to and obtain any other information about that person from other parties including those shown in the Privacy Policy.

I accept the above statement

Name

Date / / 20

On behalf of The Insured