

MOTOR VEHICLE INSURANCE DECLARATION FORM

THE APPLICANT - LESSEE

Name(s) of Registered Owner(s) of the car

Given Name	Surname
<input type="text"/>	<input type="text"/>

Postcode	Name of Employer
<input type="text"/>	<input type="text"/>

DRIVERS DETAILS

Drivers names (main driver first)

Surname	Given Name	D.O.B	Sex (M/F)	% Use of Vehicle	Year License obtained in Australia
<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	%	<input type="text"/>
<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	%	<input type="text"/>
<input type="text"/>	<input type="text"/>	/ /	<input type="text"/>	%	<input type="text"/>

OWNER(S) AND DRIVERS' HISTORY

In the last 5 years have you or any person likely to drive this car:

1. Had	
A) a claim, accident or car stolen and/or burnt?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B) insurance refused, declined or cancelled by an Insurer or special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C) a drivers/ motorcycle licence cancelled, suspended or endorsed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Been convicted or charged with:	
A) drug use, driving under the influence or exceeding Prescribed Concentration of Alcohol?	Yes <input type="checkbox"/> No <input type="checkbox"/>
B) any driving offences or issued any speeding or traffic infringements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C) fraud, arson, theft or any other criminal act?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3. Suffered from any physical or mental disability that may affect your ability to drive (excluding eyesight corrected by lenses)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4. Not held any car insurance in the past 12 months	Yes <input type="checkbox"/> No <input type="checkbox"/>

OWNER(S) AND DRIVERS' HISTORY

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If you have answered 'Yes' to 1-3 above, please provide details below

Name of Driver	Incident Date	Details of each incident	Your Insurer	Person at fault	Claim Cost or Penalty Incurred
J Smith	Month/Year	speeding 15k over 70k zone		J Smith	Fined & lost 3 pts

If you have answered 'Yes' to point 4 above, please explain why below

DECLARATION

In signing this form I acknowledge and understand the Terms & Conditions of the EasiFleet Comprehensive Motor Car Insurance Policy.

I also declare that I have:

- received a copy of the Policy Document;
- read the information concerning the duty of disclosure and other important notices;
- answered every question fully & frankly;
- either completed this proposal form personally, or if it has been completed by someone else,

I have checked that the questions have been fully and accurately answered.

Please be advised that the initial approval of this application is based on the information provided and that if additional information is required, you may be contacted by EasiFleet.

PLEASE NOTE: This application and any quote given is subject to full assessment on all the information provided by the applicant and is indicative to full assessment by the Insurer. Any failure to provide the correct information may give the Insurer the right to deny any claim.

Applicant's Signature

Date

/ /

YOUR DUTY OF DISCLOSURE:

Before you enter into this insurance contract with the proposed Insurer, the Insurance Contracts Act 1984 requires you to provide information that they may need to enable them to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

You will be asked various questions when you apply for this policy.

When you answer these questions, you must:

- provide the proposed Insurer with honest and complete answers
- tell the proposed Insurer everything you know; and
- tell the proposed Insurer everything that a reasonable person in the circumstances could be expected to tell an Insurer

Your duty however does not require disclosure of matters:

- that diminishes the risk to be undertaken by the proposed Insurer;
- that is of common knowledge
- that the proposed Insurer knows or, in the ordinary course of our business, ought to know;
- that the proposed Insurer tells you they do not need to know

NON DISCLOSURE

If you fail to comply with your duty of disclosure, your proposed Insurer may be entitled to reduce their liability under the policy in respect of a claim or may cancel the policy. If your non-disclosure is fraudulent, they may also have the option of avoiding the contract from its beginning. It is therefore vital that you enquire of all entities comprising the Insured, including senior staff, before completing the proposal form and before you sign any declaration confirming no change in the information disclosed.

YOUR ON-GOING DUTY OF DISCLOSURE

You have the same duty to disclose any further matters to your proposed Insurer before you renew, extend, vary or reinstate a contract of insurance.

ADDITIONAL INFORMATION

Should there not be enough room to provide your answers to the questions herein, please provide your response in a separate document attaching and forming part of this application for insurance.

PRIVACY ACT 1988

EasiFleet is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. We are therefore bound by the National Privacy Principles and the Privacy Act 1988 (Cth).

INFORMATION WE COLLECT

All the information that we ask for is required for us to effectively coordinate your vehicle insurance and to provide you with the benefits available to you as part of the EasiFleet service package.

RIGHT OF ACCESS

You have the right to access any such information held by EasiFleet that relates to you and to collect any information that is inaccurate. If you object to us using the information as described you can advise us at any time in writing.

PERMISSION

I give express permission to receive Product Disclosure Statements and/or other relevant documentation electronically.