

Comprehensive Motor Vehicle Insurance Application



Important Notices

Duty of Disclosure

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 or anyone else to be insured under the policy, and on what terms.

Who needs to tell us

It is important 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, even by mistake, we may refuse to pay a claim, or cancel the policy, or both. If you answer the questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed.

All questions must be answered in full. If there is insufficient space to fully answer any question, please attach a separate sheet of paper. If you are unsure how to answer any questions, please contact your insurance adviser.

Privacy

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises **nlc** to collect this information on Calliden's behalf and to use it for their purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 144, St Leonards NSW 1590

Proposed Insured

Full name of applicant _____

1. Year license obtained ? _____

2. During the last 5 Years have you or ANY person who you know will drive your vehicle on a regular basis:

- | | | |
|--|------------------------------|-----------------------------|
| a. had a motor vehicle accident or loss or made a claim under a motor vehicle insurance policy? (regardless of who was at fault). | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b. had a conviction for any criminal offence? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c. been charged or convicted of arson, or any offence involving dishonesty e.g. fraud, theft, handling stolen goods etc? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| d. had a drivers licence refused, cancelled, suspended, special conditions imposed or been disqualified from driving? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| e. had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms, conditions or excess/es imposed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| f. been charged or convicted or fined for driving under the influence of alcohol or having a blood alcohol level in excess of that allowed by law? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| g. been charged or convicted for driving under the influence of drugs or refused to undertake a breath or blood test ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| h. had a vehicle burnt or stolen even if recovered? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| i. been convicted, charged, prosecuted or fined for any driving or motoring offence including but not limited to speeding, traffic infringements (other than parking offences) and camera detected offences? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

If you answered Yes to any of the questions above please provide details of each and all incidents below.

continued overleaf...

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the right car. right now

Declaration

I/we declare that:

- The Duty of Disclosure statement incorporated in this application has been read and understood by me/us.
- All answers and statements made in this application are true, complete and correct and that no information has been withheld.
- I/we acknowledge **nlc** may give to, and obtain from, other insurers and/or insurance/financial reference bureau, parts or service providers, personal information relating to this application and/or policy as well as insurance claims information obtained during the currency of this policy.
- Before completing this application form, I/we have received, read and understood the Financial Services Guide, Product Disclosure Statement and Policy Wording.

Please sign below

Signature of Proposed Insured **X**

Full Name

Date

For us to place insurance we require proof of your current rating and no claim bonus. Please supply one of the following documents with this application, showing your current rating and no claim bonus:

- Where you are the insured: a letter from your current insurance company or a copy of your most recent insurance renewal.
- Where you were a nominated driver: a letter from the insurance company or a copy of the most recent insurance renewal.
- Company vehicle: a letter from your employer detailing the number of years you have been driving the vehicle for and a summary of your accident/driving history for the past five years.