

# QBE MOTOR Cover™

COMPREHENSIVE MOTOR VEHICLE INSURANCE

- for Private Motor

## FLEXIWRITE Proposal



QBE

ASIA PACIFIC

PACIFIC ISLANDS

- for Private Motor

## FLEXIWRITE PROPOSAL

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### A. NOTICE TO PROPOSED INSURED

#### 1. Disclosure of Relevant Facts

##### Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

#### 2. Non Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

#### 3. Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

#### 4. Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

#### 5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

#### 6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies arising from this proposal; unless
  - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
- and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

#### 7. Note

Values, Sums Insured, Limits and Deductibles further marked as \* are in the currency of the country in which a policy will be issued, upon the approval of this proposal.



## B. DETAILS OF THE PROPOSED INSURED

### 1. Name(s) in full:

Mr/Mrs/Miss/Ms

Surname

Given names

Phone No:

Fax No:

Mobile No:

Email:

### 2. Postal Address:

  
  

### 3. Is the vehicle subject to finance

Yes

No

If "YES", (✓) type of finance

Lease

Secured bank loan

Secured finance company loan

Other loan

### 4. Name and address of finance company, bank, etc.

  

### 5. Period of insurance:

From

 /  / 

to

 /  / 

### 6. Cover note:

Number

Expiry date

 /  / 

## C. DETAILS OF VEHICLE

Year of manufacture

Make e.g. Mazda, Nissan

Model e.g. Camry, Magna

Series

Type e.g. Exec, GLI

Registration no.

No. of cylinders

Engine size in litres



**Type of body:** Sedan  S/Wagon  Hatchback  Utility  Other

**No. of doors:** 2 Doors  3 Doors  4 Doors  5 Doors

**Transmission:** Auto  Manual  4 Speed  5 Speed   Speed

**Fuel type:** Petrol  Diesel

**Engine type:** Fuel injected  Turbo charged  None of the above

**Is it a 4 wheel drive:** Yes  No

**Air conditioned:** Yes  No

**Drive:** Right-hand drive  Left-hand drive

**Does this vehicle have any existing damage?** Yes  No

If "YES", please give full details

**Is the vehicle fitted with an approved immobiliser conforming to Australian and New Zealand standard AS/NZS4601:1999?** Yes  No

**ACCESSORIES**  
If any non-factory fitted (not standard) accessories are installed to the vehicle, please provide details and values below.

Type of Accessory	Details	Value *
Alarm/security system		
Tow bar or bull bar		
Stereo or sound system		
Two-way radio		
Other.....		
<b>Total Value of Accessories</b>		

Date of purchase

Purchase price

Estimated current value of vehicle (including accessories)

/  /

\*

\*



## D. DRIVER AND CLAIMS DETAILS

We need to know of everyone who regularly drives the vehicle. Note: A "Regular Driver" is anyone who drives the vehicle once a week, or more often (on average).

	Main driver	Driver 2	Driver 3
Name - Surname			
- Given name			
Occupation			
Date of birth	____ / ____ / ____	____ / ____ / ____	____ / ____ / ____
	Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>	Female <input type="checkbox"/> Male <input type="checkbox"/>
Estimate the % of total use by each driver	..... %	..... %	..... %

### FOR THE FOLLOWING QUESTIONS – ONLY (✓) TICK IF YES

Have any of the regular drivers in the last 5 years (Q1-4)	<input type="checkbox"/> Yes ..... ..... ..... .....	<input type="checkbox"/> Yes ..... ..... ..... .....	<input type="checkbox"/> Yes ..... ..... ..... .....	
1) had any insurance declined cancelled or special terms imposed? If "YES", give full details.				
2) had any accidents, vehicles stolen or any other vehicle damage or loss?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
If "YES", how many?	Number.....	Number.....	Number.....	
Drivers name	What happened?	Were you at fault?	Date?	Cost *
3) had their licence cancelled or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
If "YES",				
a) please provide full details below.				
Driver's name	Details of offence(s) resulting in licence cancellation or suspension			Year(s) of offence(s)
b) If due to <b>alcohol</b> , was the driver charged?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	



4) committed any traffic offences or infringements such as speeding, running a red light etc. (but not parking)?	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
If "YES",			
a) Exactly how many in total?	Number.....	Number.....	Number.....
b) Provide full details of any offences or infringements in the last 12 months.			

**E. MODIFICATIONS**

- Has the vehicle been modified to improve its performance or speed by the following** Only ✓ if "YES"
- Modifications to the motor, fuel or exhaust system?  YES
  - Performance enhanced suspension or wheels?  YES
  - Flared guards, spoilers or air scoops?  YES

If "YES", to any of the above please provide full details

**F. GARAGING AND PARKING**

Where is the vehicle usually kept?

✓ If same as postal address. If not provide address details.

Where is the vehicle normally housed at this address?

Secured in garage     Unsecured carport or driveway     On street and other

Where is vehicle usually parked **during working hours?**

As above     Public car park     Shopping centre     Secured parking     Street     Other

Suburb/Town  or Province



## G. INSURANCE COVER

Please ✓ tick cover required and enter the Sum insured if applicable

### COMPREHENSIVE COVER

Market value (Incl. Accessories)

\*

### RESTRICTED COVER

Third Party Property Damage

\*

## H. NO CLAIM DISCOUNT

If claiming a No Claim Discount, please attach your latest renewal notice or certificate as proof.

Are you entitled a No Claim Discount?

Yes  No

If "YES", answer the following questions.

Discount percentage you are entitled to

%

Name of previous insurer

Policy no.

Is the vehicle for which the entitlement is claimed the same vehicle now proposed for insurance?

Yes  No

If "NO", provide the following details of previous vehicle.

Registration no.

Vehicle description

Date vehicle sold

/  /

## I. DECLARATION

I/we the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/we have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/we understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

If accepted by QBE the proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Name and position:

Signed:

Date

/  /



## Asia Pacific Head Office

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Australia

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### Licensed insurers for the Pacific Islands region:

#### Fiji

QBE Insurance (Fiji) Limited  
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GPO Box 101  
Suva, Fiji

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[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### PNG

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Papua New Guinea

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Fax: + (675) 3214 756  
Info: [info.png@qbe.com](mailto:info.png@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

#### Solomon Islands

QBE Insurance (International) Limited  
Panatina Plaza  
Prince Philip Highway  
P.O. Box 764  
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#### Vanuatu

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For literature in use in the French Territories above,  
please contact the local QBE office in each of these countries.



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[www.qbe.com](http://www.qbe.com)