

A. Notice to the proposed insured

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.

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.

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 sheet of paper to this proposal giving full details of additional information.

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".

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) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

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

Jurisdiction

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

- the laws of the country of the QBE office which issues the policy/ies arising from this proposal; unless
- 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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

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

Name(s) in full							
Phone no		Fax no		Mobile no		email	
Postal address							
Home base (where vehicle usually kept)							
Type of business							
Name and address of other interested persons (eg. finance company)							
Type of interest (eg. mortgagee, bill of sale holder)							
Period of insurance: from		and ending					

C. Details of vehicles

1. Are all units to be insured owned by the proposer? If "No", provide details below. ☐ Yes ☐ No

2. Do you carry petrol, LPG, flammable, explosives or hazardous substances? If "Yes", provide details below. ☐ Yes ☐ No

3. Where are the vehicles usually left overnight? ☐ Garaged ☐ Street ☐ Depot ☐ Other
If "Other", provide full details below. If "Depot", provide full details of security precautions taken.

4. Are any vehicles used to transport goods on specific routes (eg. Highlands highway, PNG)? ☐ Yes ☐ No
If "Yes", please give details of how many trips and the type of goods being transported.

5. Please specify radius of operation

D. Schedule of fleet

How many and what type of units comprise fleet? (Please complete schedule below).

	Year	Make	Model	Carrying capacity	Rego no	Sum insured or TPPD ¹	Any interested person eg finance company
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

¹ TPPD means insured for Third Party Property Damage only.

If more vehicles insured under the schedule, please provide full details separately.

Are the vehicles fitted with an approved immobiliser conforming to Australia and New Zealand standard AS/NZS 4601:1999?

☐ Yes ☐ No

E. Details of drivers

1. We need to know of everyone who regularly drive(s) the vehicle(s).

Note: A "Regular Driver" is anyone who drives the vehicle once a week or more often.

Regular Driver's name	Class of licence	Date of birth	No of years licenced

2. Have any of the Regular Drivers in the last 5 years:

a) had any accidents, vehicle(s) stolen or any other vehicle damage or loss?

☐

Yes

☐

No

If "Yes", driver(s) name(s)

No. of accidents/offences

b) had their licence cancelled or suspended?

☐

Yes

☐

No

If "Yes", driver(s) name(s)

No. of accidents/offences

c) committed traffic offences or infringements such as speeding, running a red light, etc, but not parking?

☐

Yes

☐

No

If "Yes", driver(s) name(s)

No. of accidents/offences

3. What company policy or rules do you have in relation to drivers under the age of 25 years? E.g. minimum driving experience, etc.

F. Claims details

1. Have you (in the past 5 years)

1.1 had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? If "Yes", please provide details.

☐

Yes

☐

No

1.2 suffered any loss or damage which would have been covered by the proposed insurance policy?

☐

Yes

☐

No

If "Yes", please provide details.

Date of loss	Insurer	Details	Amount of claim *

2. Have you or any partner(s), shareholder(s) or director(s) of the business

2.1 ever been declared bankrupt? If "Yes", please provide details.

☐

Yes

☐

No

2.2 ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? If "Yes", please provide details.

☐

Yes

☐

No

2.3 been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)?

☐ Yes

☐ No

If "Yes", please provide details.

2.4 been liable for any civil offence or pecuniary penalty? If "Yes", please provide details.

☐ Yes

☐ No

G. Previous insurance history and experience

Period	Insurer	No of units	Excess *	No of claims	Type of cover

N.B. A minimum of 3 years written confirmation from previous "insurer" must be provided.

H. Policy endorsements

You may be able to add extra coverage to your QBE Commercial Motor cover.

1. Increase in Third Party Limit

☐ Yes

☐ No

If "Yes", please state amount

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2. Automatic additions and deletions clause (available only when more than 10 vehicles are insured).

☐ Yes

☐ No

3. You may be able to save some premium if you take a higher excess than our standard.

Do you wish to take a higher excess?

☐ Yes

☐ No

If "Yes", please state amount of excess required

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I. Signature and 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 and understood 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 any accompanying documents.

If accepted by QBE, this 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.

Policyholder 1

Name	
Position	
Signature	
Date	

Policyholder 2

Name	
Position	
Signature	
Date	

Fiji

QBE Insurance (Fiji) Limited

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Vanuatu

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