



QBE PRIVATE MOTOR Cover

COMPREHENSIVE MOTOR VEHICLE INSURANCE

PROPOSAL

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 sheet 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 by attaching a separate sheet of paper.
- 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 and Limits 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. Mr/Mrs/Miss/Ms

Surname: Give 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 ___/___/___ and ending ___/___/___

6. Cover note: Number Expiry date ___/___/___

C. DETAILS OF VEHICLE

Year of manufacture Make eg. Mazda, Nissan Model eg. Camry, Magna Series Type eg. 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 4 Doors
3 Doors 5 Doors

Transmission

Auto 4 Speed
Manual 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
Total value of accessories*	

Date of purchase: _____ Purchase price * Estimated current value of vehicle (including accessories) *

D. DRIVER 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 names
Occupation
Date of birth	____/____/____	____/____/____	____/____/____
	Female <input type="checkbox"/>	Female <input type="checkbox"/>	Female <input type="checkbox"/>
	Male <input type="checkbox"/>	Male <input type="checkbox"/>	Male <input type="checkbox"/>
Estimate the % of total use by each driver%%%

E. CLAIMS DETAILS

Have any of the regular drivers in the last 5 years

1. Had
 - a) any insurance declined, cancelled or special terms imposed? YES NO
 - b) any accidents, vehicles stolen or any other vehicle damage or loss? YES NO
 - c) their licence cancelled or suspended? YES NO
2. Been convicted or charged with
 - a) drug use, driving under the influence or exceeding the prescribed concentration of alcohol? YES NO
 - b) any driving offences or speeding infringements (other than parking offences)? YES NO
 - c) fraud, arson, theft or any other criminal act? YES NO



3. Suffered from any physical or mental disability (excl. wearing of glasses/lenses)? YES NO

If you have answered 'YES' to any of the above questions, please provide full details below. If the space provided is insufficient, please attach a separate piece of paper.

Name of driver	Date of incident	Details of incident or act	Your insurer	Person at fault
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

F. 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

.....
.....
.....

Have the modifications been certified by the relevant Government body? YES NO

If Yes, attach certification

G. 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 the street and other

Where is the vehicle usually parked during working hours?

As above Public car park Shopping centre

Secured parking Street Other

Suburb/Town or Province



H. 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 []

*

I. 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 ____/____/____

J. DECLARATION

I/we declare that:

- 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:

Signature:

Date: ____/____/____

Fiji

QBE Insurance (Fiji) Limited
QBE Centre
Victoria Parade
GPO Box 101, Suva
Fiji
Tel: +679 331 5455
Fax: +679 330 0285
Email: info.fiji@qbe.com
www.qbepacific.com

Papua New Guinea

QBE Insurance (PNG) Limited
QBE Building
Musgrave Street
PO Box 814, Port Moresby
Papua New Guinea
Tel: +675 321 2144
Fax: +675 321 4756
Email: info.png@qbe.com
www.qbepacific.com

Solomon Islands

QBE Insurance
(International) Limited
Panatina Plaza
Prince Phillip Highway
PO Box 764, Honiara,
Solomon Islands
Tel: +677 38884
Fax: +677 38887
Email: info.sol@qbe.com
www.qbepacific.com

Vanuatu

QBE Insurance (Vanuatu) Limited
La Casa D'Andrea Building
Lini Highway
PO Box 186, Port Vila
Vanuatu
Tel: +678 222 99
Fax: +678 232 98
Email: info.van@qbe.com
www.qbepacific.com