



# Third Party Property Damage Insurance Application

<b>Policy No.</b> <input style="width:90%;" type="text"/>	<b>Client No.</b> <input style="width:90%;" type="text"/>	<b>Intermediary No.</b> <input style="width:90%;" type="text"/>
---	---	---

Read this first: Please read the Duty of Disclosure section on the back page before completing this application.

Please answer each question on behalf of ALL PEOPLE TO BE INSURED.

If you need more space to answer questions, attach a separate sheet and sign it.

**DO NOT USE THIS FORM FOR VEHICLES OVER 3000KG GVM**

## THE APPLICANT/S

Name(s) of the Registered Owner(s) of the Vehicle (known as the Insured)	Surname																	
	Given Name(s)																	
	Occupation																	
Tax Status	Registered Business	Yes <input type="checkbox"/>	No <input type="checkbox"/>	ABN	<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"/>	Taxable	<input type="text"/>	%
Residential Address											State	<input type="text"/>	Postcode	<input type="text"/>				
Contact Number(s)	Phone No. (Private)	( )				Phone No. (Business)	( )											
Period of Insurance	From	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	to	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	at 4 p.m.					

## DRIVERS DETAILS

Give details of all known drivers of the vehicle (INCLUDING THE OWNER).

Drivers' Name(s) (main driver first)	Date of Birth	Sex M/F	Years Licensed in Australia
Surname <input style="width:50%;" type="text"/> Given Name(s) <input style="width:50%;" type="text"/>			
1. <input style="width:90%;" type="text"/>	/ /		
2. <input style="width:90%;" type="text"/>	/ /		
3. <input style="width:90%;" type="text"/>	/ /		
4. <input style="width:90%;" type="text"/>	/ /		

If more drivers are declared, please add a sheet with the relevant information.  
Please tell us if you wish at any time to declare additional drivers.

## VEHICLE DETAILS

Give details of all known drivers of the vehicle (INCLUDING THE OWNER).

Year of Manufacture	Make of Vehicle e.g. Ford, BMW, Holden	Model Details e.g. Falcon GL, 318i, VN, Berlina	Registration Number	Body Style e.g. Sedan, Wagon etc.

Engine or V.I.N. Number

## OWNER(S) AND DRIVERS' HISTORY

Details of current Insurer <input style="width:90%;" type="text"/>	Expiry Date <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/> / <input style="width:20%;" type="text"/>
--	---

In the last 5 years have you or any other person likely to drive these vehicles:-

1. Had:	
a) a claim, accident or car stolen or burnt (even if not reported or not claimed from an insurer)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
b) insurance refused, declined or cancelled by an insurer or any special conditions imposed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
c) a drivers or motorcycle licence cancelled, suspended or endorsed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

**OWNER(S) AND DRIVERS' HISTORY (continued)**

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 speeding infringements (other than parking offences)?            | 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 (excluding wearing of glasses/lenses)? Yes  No

If you answered "Yes" to any of the above questions please provide details below. If insufficient space, please attach sheet.

Name of Driver	Date of incident	Details of each incident or act	Your Insurer	Person at fault
	/ /			
	/ /			
	/ /			
	/ /			
	/ /			

**PRIVACY**

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy Information brochure from any QBE office or at [www.qbe.com](http://www.qbe.com)

**DUTY OF DISCLOSURE****What you must tell us**

By law, you must answer all our questions honestly, telling us anything known to you and which a reasonable person in the circumstances would tell us. We will use your answers to decide whether to insure you and anyone else to be covered, and on what terms.

**Who needs to tell us**

It is important that you understand you are answering our questions in this way for yourself and anyone else you want to be covered by this policy.

**NON-DISCLOSURE****If you do not tell us**

If you do not answer our questions in this way, we may reduce or refuse a claim, or cancel the policy. If you answer fraudulently, we may refuse a claim and treat the policy as never having existed. If you do not understand your duty, ask us to explain.

**SIGNATURE AND DECLARATION**

You declare that:

- You have received a copy of the policy wording and you have understood the "Duty of Disclosure" explained above.
- All information given in this application is true and correct.
- You give us authority to exchange information about any insurance or claims history with other insurers or any insurance or credit reference bureau.
- Statements made in this application by one person are to be treated as made by all the people to be insured.

Applicant's Signature as owner(s) of

1.	<input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>
2.	<input checked="" type="checkbox"/>	<input type="text"/>	Date	<input type="text"/>

**OFFICE USE ONLY**

Standard (or adjusted) Excess	\$ <input type="text"/>			
Accepted by (Name)	<input type="text"/>			
Date	<input type="text"/>			
Premium Payable	Fire Services Levy	G.S.T.	Stamp Duty	Total Amount Payable
Premium	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>