

INSURANCE DECLARATION

PLEASE READ THE FOLLOWING CAREFULLY, IF YOU DO NOT AND YOUR CIRCUMSTANCES CHANGE YOUR CLAIM MAY NOT BE PAID!

YOU MUST PROVIDE US WITH UP-TO-DATE DETAILED INFORMATION INCLUDING ALL TRAFFIC OFFENCES, ACCIDENTS, CHANGES TO YOUR OVERNIGHT PARKING FACILITIES AND ADDITIONAL DRIVERS.

YOUR DUTY WHEN YOU APPLY FOR INSURANCE

By proceeding, you confirm that you have read the following important information.

By law, you must take reasonable care not to make a misrepresentation. This means giving us true, complete and accurate answers to our questions, including where you provide information on someone else's behalf.

We use your answers to decide whether to insure you and on what terms.

If any of your answers are misleading, incomplete, inaccurate or fraudulent we may reduce or not pay a claim, cancel your policy or treat it as if it never existed.

If you don't understand a question, you're unsure how to answer or if anything is unclear, please call us.

COOLING OFF PERIOD

If you want to return your insurance after your decision to buy it, you may cancel it and receive a full refund. To do this you may notify MB or your Financial Services Provider electronically or in writing within 21 days from the date the Policy commenced.

This cooling-off right does not apply if you have made or are entitled to make a claim. Even after the cooling-off period ends, you still have cancellation rights as detailed in your Policy.

AGENT OF INSURER

MB Insurance Group Pty Limited is acting under an authority to bind insurance and settle claims given by certain underwriters at Lloyd's. MB Insurance Group Pty Limited will be acting as the agent of the insurer and not the agent of you, the insured.

PRIVACY

MB provides information about how we manage the privacy of personal information in the Product Disclosure Statement or on our website or www.mbinsurance.com.au, or you can contact the Compliance Manager at compliance@mbinsurance.com.au.



Period of Insurance: Start _____ and end _____ at 4:00 PM local standard time.

Name of Registered Owner: _____

Postal Address: _____ **Email:** _____

VEHICLE DETAILS

Vehicle Year/Make/Model: _____

Transmission: Automatic Tiptronic Manual

Registration Number: _____ **VIN or Engine Number:** _____

Accessories/Modifications: _____

Cover Type: Unlimited Kilometres Limited Kilometres (< 8000kms per year) Low Kilometres (< 5000kms per year)

Odometer Reading: _____ kms

Overnight Parking Address: _____

Parked Overnight In: Garage Private Car Park Carport Driveway Other: _____

(No theft cover is provided if the vehicle is parked in the street between the hours of 11pm and 5am within 250 metres of the Overnight Parking Address noted above)

Agreed Value: \$ _____ **Vehicle Financed:** No Yes **Financier:** _____

Is the vehicle used 25% or more of the kilometres it travels each year for earning income?
 No - it will be insured for private use Yes - it will be insured for business use

DRIVER DETAILS

PLEASE PROVIDE DETAILS OF ALL PERSONS WHO DRIVE THE VEHICLE OVER 2% OF THE TIME.

- If you leave out information, you may not be covered.
- Drivers who use the vehicle less than 2% of the time and are not named here may incur an additional excess.
- Drivers less than 25 years of age not acceptable (30 in some cases).

Full Name	Date of Birth	% of Use	Does this driver hold a current Australian driver's license (non-provisional)?
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes
			<input type="checkbox"/> No <input type="checkbox"/> Yes

If insufficient space, please attach a separate page, signed and dated at the bottom.

1. In the three (3) years **PRIOR TO THE START OF THIS POLICY**, have any of the above named drivers had any accidents, vehicles stolen or burnt, or any other losses involving a vehicle where an insurance claim has been made?

No Yes If Yes, please provide precise details.

Driver Name	Type of Loss	Whose Fault was it?	Date of Loss	Cost
				\$
				\$
				\$
				\$
				\$
				\$

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2. In the three (3) years **PRIOR TO THE START OF THIS POLICY**, have any of the above named drivers committed any traffic offences which resulted in a fine or demerit points being imposed or for which a conviction was recorded (do not include parking fines)?

No Yes If Yes, please provide precise details including driver name, description and date.

Driver Name	Type of Offence <i>(For PCA/DUI offences provide the PCA/DUI reading)</i>	Date	If Speeding, kms over limit

If insufficient space, please attach a separate page, signed and dated at the bottom.

3. In the five (5) years **PRIOR TO THE START OF THIS POLICY**, have any of the above named drivers or owners:

- been charged or summonsed for arson, drugs, fraud, malicious damage, theft or injury to any person?
- had any insurance refused, cancelled, claim declined or special conditions imposed?

No Yes If Yes, please provide precise details.

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4. Do any of the above named drivers have any health problems that may affect their driving?

No Yes If Yes, please provide precise details.

If insufficient space, please attach a separate page, signed and dated at the bottom.

DECLARATION

I agree and acknowledge that:

- MB Insurance Group Pty Limited will rely on the information provided in this Insurance Declaration to decide whether to insure me and on what terms.
- Before completing this Insurance Declaration I received a copy of the Prestige Motor Product Disclosure Statement and Policy Wording and if I am a client who did not use an agent in placing this insurance, a copy of MB Insurance Group Pty Limited's Financial Services Guide.
- If my Insurance Declaration is accepted, the insurance cover will be subject to the terms and conditions stated in the policy (or as otherwise specifically varied by MB Insurance Group Pty Limited in writing and agreed to by me).
- I understand that I must declare all changes in respect of my overnight parking facilities and/or existing drivers and/or additional drivers.
- My personal information, including that information supplied in this Insurance Declaration may be used and stored by MB Insurance Group Pty Limited and their related bodies corporate in accordance with the Privacy Policy provided to me in this document.
- The information in this Insurance Declaration is true.
- MB Insurance Group Pty Limited is authorised to give to, or obtain from, any other insurer or insurance reference bureau any information relating to this insurance or any insurance I have held or claim I have made.

Signature of registered owner requesting insurance: _____ Date: _____