

One Underwriting

Secure 4x4 Motor Insurance quotation & proposal form

Broker or dealer details

Company
Name
Phone
Email

Secure 4x4 Motor Insurance quotation & proposal form

Period of insurance

From To

The applicant

Full name (must be the same as the registered owner)

Occupation

Email

Phone

Enthusiast Club Membership (are you a financial member of an 4x4 or off-road club/association)?

Yes No

If yes, state club and membership number,

Postal address

Street
Suburb State Postcode

Residential address

Street
Suburb State Postcode

Is the residential address the usual **Overnight Parking Address**? Yes No

If No please advise location:

Street
Suburb State Postcode

How is the **Vehicle** parked overnight?

- Carport Driveway Locked Garage (Commercial Property) Locked Garage (Residential)
 Locked Garage (Residential Communal) Unlocked Garage (Residential Communal) Unlocked Garage Street

Other

Is the day parking address the same as overnight?

Yes No

If No please advise location:

Street
Suburb State Postcode

Secure 4x4 Motor

Does **Your Vehicle** have any non-standard accessories?

Yes No

If yes, describe the accessories and their values.

[Empty text box for describing accessories]

Do **You** have a security device fitted?

Yes No

If yes, please provide details

[Empty text box for security device details]

How would **You** rate the overall vehicle condition?

New vehicle

Average or less, requires restoration

Good for its age condition

Classic vehicle – newly restored/concours

Do **You** wish to insure **Your Vehicle** for agreed value or market value

If agreed value, at what value do You wish to insure Your Vehicle?

\$ [Empty text box for agreed value]

(Including modifications and accessories i.e. proposed agreed value)

Optional and Additional Benefits

(additional Premium may apply, if We agree to cover they will be noted on Your quote and Policy Schedule)

Camping Equipment - Are there additional items to be insured in excess of \$150 per item or \$3,000 in total?

Yes No

If yes, describe the accessories and their values.

[Empty text box for camping equipment details]

Windscreen Cover - (removal of Basic Excess for first Windscreen Glass Claim per **Period of Insurance**)

Yes No

Hire Vehicle after an Insured Event - (provides cover for a hire vehicle in the event of an **Insured Event** for up to 14 days/\$100 per day maximum or where an approved repairer is used and **We** arrange a **Courtesy Vehicle** for you up to 30 days).

Yes No

Finance

Yes No

If yes,

Name of provider

[Empty text box for provider name]

Finance type

[Empty text box for finance type]

Amount owing (if Hire Purchase or Loan, if leased the unexpired term left.) \$

[Empty text box for amount owing]

Secure 4x4 Motor

Has the **Vehicle** been uninsured during the last 30 days? Yes No

If yes, please provide details why not.

[Empty text box for details]

Are **You** entitled to a **No Claim Bonus** or Discount? Yes No

(copy required to be attached to this application for insurance)

No Claim Bonus Nil 10% 20% 30% 40% 50% 60% Rating 1 Protected

Insurer Name

[Empty text box for Insurer Name]

Policy Number

[Empty text box for Policy Number]

Vehicle Use

For what purpose will **You** use **Your Vehicle**?

Private Business Other

For use other than Private, please provide details

[Empty text box for details]

All people who will drive Your Vehicle

You must nominate all people who will drive **Your Vehicle** i.e. those who will drive the **Vehicle** more than 12 times a year.

All drivers must have held an appropriate Australian Drivers Licence for more than 5 years.

Drivers aged under 25 years (30 in some cases) and over 80 years are excluded or as specified on the **Policy Schedule**.

First name

[Empty text box for First name]

Family name

[Empty text box for Family name]

Date of Birth

[Empty text box for Date of Birth]

Year Licence Obtained

[Empty text box for Year Licence Obtained]

Licence No

[Empty text box for Licence No]

% use

[Empty text box for % use]

First name

[Empty text box for First name]

Family name

[Empty text box for Family name]

Date of Birth

[Empty text box for Date of Birth]

Year Licence Obtained

[Empty text box for Year Licence Obtained]

Licence No

[Empty text box for Licence No]

% use

[Empty text box for % use]

First name

[Empty text box for First name]

Family name

[Empty text box for Family name]

Date of Birth

[Empty text box for Date of Birth]

Year Licence Obtained

[Empty text box for Year Licence Obtained]

Licence No

[Empty text box for Licence No]

% use

[Empty text box for % use]

Secure 4x4 Motor

In the last 5 years, have You or any other person likely to drive Your Vehicle

Had any traffic offences, charges, infringements, convictions or disqualifications (excluding parking fines)? Yes No

Date of incident	Person involved	Amount of fine, penalty or disqualification period
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of charges, offences, infringements, convictions or disqualifications

Date of incident	Person involved	Amount of fine, penalty or disqualification period
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of charges, offences, infringements, convictions or disqualifications

Date of incident	Person involved	Amount of fine, penalty or disqualification period
<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of charges, offences, infringements, convictions or disqualifications

Made a claim on any motor insurance **Policy**? Yes No

Suffered a loss or damage to a motor **Vehicle** for which **You** did not claim or were not insured for? Yes No

If **You** have answered "Yes" to either question please describe the circumstances below.

Drivers name	Person at fault	Cost	Date of loss	Insurer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of loss

Drivers name	Person at fault	Cost	Date of loss	Insurer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of loss

Drivers name	Person at fault	Cost	Date of loss	Insurer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of loss

Suffer from any illness or disability, likely to affect driving ability? Yes No

If yes, please provide details.

Secure 4x4 Motor

Had any claims refused, insurance policy declined, cancelled or had special terms imposed? Yes No

If yes, please provide details.

Declared bankrupt and not discharged within the last 12 months, or currently involved in bankruptcy or repossession proceedings? Yes No

If yes, please provide details.

In the last 10 years, been convicted of, or had any fines or penalties imposed for any crime involving drugs, dishonesty, arson, theft, fraud or violence against any person or property? Yes No

If yes, please provide details.

Declaration

I/We agree on my own behalf and on behalf of all other insured persons that: the within statements are true. The Duty to take Reasonable Care not to Misrepresent has been complied with. The **Vehicle** described is and shall be maintained in an appropriate condition. When signing the Proposal/Quotation Form, I/We acknowledge that should some or all of the answers stated in this form NOT be in my/our own handwriting, the answers have been checked and I/We certify they are correct and that I/We agree to accept a **Policy** subject to the terms, exceptions and conditions prescribed therein. The **Vehicle** to be Insured shall not be driven by any person other than an Authorised Driver or an Excepted Person or as otherwise endorsed to **Your Policy Schedule**. The **Vehicle** to be Insured shall not be driven by any person who to my/our knowledge has been refused any motor insurance or the continuance thereof. The Product Disclosure Statement (PDS) and Target Market Determination (TMD) for this policy may be made available as described in the "Our Product Disclosure Statement" notice. I/We have read and agree to the terms of the Privacy Notice.

Applicant's signature

Applicant's name

Dated

Important notices

1. This Insurance is underwritten by HDI Global Specialty SE - Australia, (ABN 58 129 395 544, AFS Licence number 458776), with its registered address at Tower 1, Level 33, 100 Barangaroo Avenue, Sydney NSW, 2000. Telephone (02) 8373 7580.
2. One Underwriting acts as an agent of HDI Global Specialty SE - Australia in arranging and entering into this motor insurance, not the Insured.
3. This quotation is valid only for a period of thirty (30) days and may be withdrawn or varied at any time by **Us**.
4. By submitting the request for quotation **You** confirm that **You** have read and agree to the terms of the [Privacy Notice](#) and [Terms of Business](#) sent to **You** by **Us**.
5. In submitting this information **You** are acting as agent of the proposed insured(s) and are doing so on their behalf.

Our Product Disclosure Statement

The law requires that you receive a "Product Disclosure Statement" (PDS) prepared by HDI Global Specialty SE - Australia. The PDS aims to give **You** enough information to decide whether to buy this product. The PDS is made up of a number of documents. The Proposal (or electronic declaration) and the PDS and Policy Wording contains the standard terms and conditions of cover. If cover is issued, the **Policy Schedule** other documents **We** tell **You** are included, will update and becomes part of the PDS. These documents are available to **You** (if **You** or **Your** agent does not already have them, by calling **Us**, visiting our office or website: oneunderwriting.com.au)

Secure 4x4 Motor

Your Duty to take Reasonable Care not to Misrepresent

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the **Policy**.

This means that it is essential that **You** respond to specific questions that **We** ask honestly and to the best of **Your** knowledge, including where **We** ask **You** to confirm or update information that **You** have previously given to **Us** when entering into, varying, extending or renewing the **Policy**.

For example this will include **You** or any other persons to be covered under this **Policy** and their driving record, claims (or incidents unclaimed or uninsured for), criminal and insurance history. This duty also extends to, but not limited to how **Your Vehicle** is **Garaged**, registered or used in frequency and nature of use for example **Private Use**, **Business Use** or otherwise.

To assist **You** with providing **Us** with honest and accurate responses to any questions **We** ask of **You**, **We** have endeavoured to ensure that any question **We** ask are clear and easy to understand. Further, where possible, **We** have also included examples of the types of responses **We** are looking for when asking a particular question.

If **You** are unclear of any particular question or would like **Us** to explain it to **You**, please get in touch with **Us** and **We** will explain this to **You**.

In determining whether **You** have fulfilled this duty to take reasonable care not to make a misrepresentation to **Us**, **We** will consider all of the relevant circumstances of a particular case. If **You** do not respond honestly and accurately to specific questions that **We** ask, **We** may (acting reasonably) cancel **Your** contract or reduce the amount **We** will pay **You** if **You** make a claim, or both. It is therefore vital that **You** be honest and specific in **Your** responses. If **Your** failure to tell **Us** is fraudulent, **We** will refuse to pay a claim and treat the **Policy** as if it never existed (this does not mean that **We** will refund any **Premiums** that **You** have already paid).

Short Form Privacy Disclosure and Consent

Application/ Claim Forms

1. One Underwriting Pty Ltd is committed to protecting **Your** personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). **We** collect, use and disclose personal information to offer, promote, provide, manage and administer **Our** various insurance services **We** are involved in as set out in the One Underwriting Privacy Notice. In order to do this, **We** may also share **Your** information with other persons or entities who assist **Us** in providing or promoting **Our** services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy **Policy**, a copy of which can also be sent to **You** on request by **Your** One Underwriting representative. **You** may also gain access to **Your** personal information, or modify **Your** privacy preferences, by contacting **Your** One Underwriting representative or **Our** Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If **You** are disclosing personal or sensitive information about any other person to One Underwriting, **You** confirm that **You** have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and **You** have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If **You** have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, **You** will inform **Us** before providing the relevant information to **Us**.

By submitting this Quotation & Proposal, **You** acknowledge that **You** have read the One Underwriting Privacy Notice and agree that **We** can handle any personal information **You** have provided to **Us** in the manner set out above.

- Unless **You** tick here, **We** or any of our group of companies may be in touch by any means (including email or SMS) at any time to let **You** know about goods, services or promotions that may be of interest to **You**.

Submit your proposal form

motorsolutions@oneunderwriting.com.au

Motor Solutions team enquiries 07 3223 7517