

**MOTOR VEHICLE INSURANCE
DECLARATION FORM**



THE APPLICANT - LESSEE					
Name(s) of Registered Owner(s) of the car		Surname			
		Given Name			
Residential Address				State	
				Postcode	
Contact Numbers		Home No.		Bus No.	
		Mobile No.		Email.	
Name of Employer					
DRIVER(S) DETAILS					
Drivers names (main driver first)		DOB	Sex M/F	% Use of vehicle	Year License obtained in Australia
Surname	Given Name				
				%	
				%	
				%	
				%	
				100%	
CAR DETAILS					
Security features		Alarmed?	YES/ NO	Immobiliser?	YES/ NO
		Electronic Tracking?		YES/ NO	
		Is the vehicle securely garaged at night?			YES/ NO
Please provide details of any modifications from the manufacturers standard list for the car?					

OWNER(S) AND DRIVERS' HISTORY

In the last 5 years have you or any person likely to drive this car

1. Had

a) a claim, accident or car stolen and/or burnt?	YES/ NO
b) insurance refused, declined or cancelled by an Insurer or special conditions imposed?	YES/ NO
c) a drivers/ motorcycle licence cancelled, suspended or endorsed?	YES/ NO

2. Been convicted or charged with:

a) drug use, driving under the influence or exceeding Prescribed Concentration of Alcohol?	YES/ NO
b) any driving offences or issued any speeding or traffic infringements?	YES/ NO
c) fraud, arson, theft or any other criminal act?	YES/ NO

3. Suffered from any physical or mental disability that may affect your ability to drive (excluding eyesight corrected by lenses)?

YES/ NO

4. Not held any car insurance in the past 12 months

YES/ NO

If you have answered 'Yes' to 1-3 above, please provide details below

Name of Driver	Incident date	Details of each incident	Your Insurer	Person at fault	Claim cost or Penalty incurred
J Smith	month/year	speeding 15k over 70k zone		J Smith	Fined & lost 3 pts

If you have answered 'Yes' to point 4 above, please explain why below

DECLARATION

In signing this form I acknowledge and understand the Terms & Conditions of The Salary Packaging People Comprehensive Motor Car Insurance Policy.

I also declare that I have:-

- received a copy of the Policy Document;
- read the information concerning the duty to take reasonable care not to misrepresent and other important notices;
- answered every question fully & frankly;
- either completed this proposal form personally, or if it has been completed by someone else, I have checked that the questions have been fully and accurately answered.

Please be advised that the initial approval of this application is based on the information provided and that if additional information is required, you may be contacted by The Salary Packaging People

PLEASE NOTE: This application and any quote given is subject to full assessment assessment by the Insurer. Any failure to provide the correct information may give the Insurer the right to deny any claim.

Applicants Signature 1:	Date:
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Please confirm the insurance start date for the proposed vehicle?

Please read and retain in your file

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.

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).

ADDITIONAL INFORMATION

Should there not be enough room to provide your answers to the questions herein, please provide your response in a separate document attaching and forming part of this application for insurance

PRIVACY ACT 1988:

The Salary Packaging People is committed to protecting your privacy and the confidentiality and security of personal information provided by you to us. We are therefore bound by the National Privacy Principles and the Privacy Act 1988 (Cth).

Information we collect

All the information that we ask for is required for us to effectively coordinate your vehicle insurance and to provide you with the benefits available to you as part of The Salary Packaging People Fleet Management package.

Right of access

You have the right to access any such information held by The Salary Packaging People that relates to you and to collect any information that is inaccurate. If you object to us using the information as described you can advise us at any time by writing to:
info@salarypackagingpeople.com.au

Permission

I give express permission to receive Product Disclosure Statements and/or other relevant documentation electronically.