

# Commercial Motor Proposal Form

## YOUR LEGAL DUTY OF DISCLOSURE

We draw your attention to **Your Duty of Disclosure** as required by the **Insurance Contracts Act 1984**. You are required to disclose all relevant facts to us so that we can make an informed assessment of the risk to be insured, the terms and conditions of the policy and calculate the appropriate premium.

You do not have to disclose any matter that is of common knowledge, that we already know or ought to have known as an insurer, that we tell you we do not need to know, or, any matter that diminishes our risk. If you do fail to disclose any matter, we may be entitled to reduce our liability in respect of a claim or cancel your policy. If the non-disclosure is fraudulent, we may be able to avoid the contract of insurance from it's beginning. This would have the effect that you were never insured with us and therefore no claims would be considered.

Your Duty of Disclosure also extends to every time you vary, endorse, extend, renew, reinstate or replace your policy. If you have any questions in relation to your duty, please contact your insurance advisor, intermediary, or, our office before you sign this proposal.

## 1. PROPOSED PERIOD OF INSURANCE

From: \_\_\_\_\_ / \_\_\_\_\_ /20 to \_\_\_\_\_ / \_\_\_\_\_ /20 **4.00pm local standard time.**  
(Insured period cannot exceed 12 months)

## 2. PROPOSERS DETAILS (include all proposers' names, trading names & subsidiaries)

Proposer's name/s: \_\_\_\_\_

Business Address: \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Postal Address: (If same as Business Address put "As Above") \_\_\_\_\_

State: \_\_\_\_\_ Post Code: \_\_\_\_\_

How many years have you been operating this business? \_\_\_\_\_

## 3. CONTACT DETAILS

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## 4. GST DETAILS

Are you registered for GST?  Yes  No

Your ABN: \_\_\_\_\_

Have you claimed or are you intending to claim an ITC on the GST component of the premium?  Yes  No

Is the amount you have claimed or intend to claim less than 100% of the GST amount?  Yes  No

Please specify the percentage amount you have already, or, intend to claim: \_\_\_\_\_ %

## 5. FINANCE DETAILS

Are any of your vehicles under any form of Lease, Commercial Hire Purchase, or other finance?  Yes  No

If 'Yes', please identify the Finance Company/s against the relevant vehicles in the schedule below.

\_\_\_\_\_  
\_\_\_\_\_

## 6. VEHICLES TO BE INSURED (if insufficient room, please supply separate list as per details below)

NB. Sums Insured to include cost of all fixed accessories, including tarps, gates, load binders etc., plus any non standard equipment such as refrigerators, TVs etc which are to be listed separately **and less the GST amount if you are registered for GST.**

<b>ITEM 1</b>	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	Proposed Sum Insured:
	Finance Company:		Radius of Operation (klms):
	Non-Standard Accessories & Value:		

<b>ITEM 2</b>	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	Proposed Sum Insured:
	Finance Company:		Radius of Operation (klms):
	Non-Standard Accessories & Value:		

<b>ITEM 3</b>	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	Proposed Sum Insured:
	Finance Company:		Radius of Operation (klms):
	Non-Standard Accessories & Value:		

<b>ITEM 4</b>	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	Proposed Sum Insured:
	Finance Company:		Radius of Operation (klms):
	Non-Standard Accessories & Value:		

<b>ITEM 5</b>	Year:	Make/Model:	Body Type:
	Rego:	Vin/Engine no:	Proposed Sum Insured:
	Finance Company:		Radius of Operation (klms):
	Non-Standard Accessories & Value:		

Have any of the vehicles been modified from the manufacturers specifications?  Yes  No

If **'Yes'**, please specify:

Are these Modifications in line with Australian Design Rules?  Yes  No

Are all of the vehicles in a safe and roadworthy and undamaged condition?  Yes  No

If **'No'**, please specify:

Will any of the vehicles be working underground in mining, excavation etc?  Yes  No

If **'Yes'**, please specify:

Will any of the vehicles be working within the boundaries of an Airport?  Yes  No

If **'Yes'**, please specify:

## 7. OPERATIONS DETAILS

Are you a PRIME CONTRACTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Work	%
Are you a SUB-CONTRACTOR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Work	%
Are you a TOW OPERATOR	<input type="checkbox"/> Yes <input type="checkbox"/> No	Percentage of Work	%

### Please provide details of types of loads and percentage of total work

Load Type	Load Type	Load Type	Load Type
BRICK, TILE, PIPES	% LOGS	% SAWN TIMBER	% FURNITURE
CARS	% GRAINS	% COAL	% HAZARDOUS GOODS
DRY FOODS	% MACHINERY	% SAND & GRAVEL	% LIQUIDS - NON HAZARDOUS
GENERAL - NON HAZARDOUS	% REFRIGERATED FOOD	% LIVESTOCK	% SCRAP METAL
LIVESTOCK	% FROZEN FOOD	% CONCRETE	% WASTE
CONTAINERS	% FUEL	% GARBAGE	% Other

### Hazardous Goods

If you carry Hazardous Goods, please provide details below:

Item Number	Type and Class of Dangerous Goods	Quantities

Limit of Hazardous Goods Liability Required per unit: \$

Will you be operating any Road Train configurations?  Yes  No

If 'Yes', please specify how many Road Trains you operate at any one time:

Are any of the vehicles leased or hired out or on loan to other parties?  Yes  No

If 'Yes', please specify:

Do you operate under any form of Risk Management program?  Yes  No

If 'Yes', please specify:

Are you a member of 'TruckSafe' or other similar form of industry scheme?  Yes  No

Do you, or will you have drivers under 25 years of age, and/or, have less than 2 years experience who drive articulated vehicles, or, vehicles with a carrying capacity over 10 tonnes,  Yes  No

If 'Yes', please specify:

## 8. PROPOSER'S HISTORY (all proponents)

Have you ever had insurance cover declined, cancelled or a renewal refused, or, special conditions imposed – including imposed Risk Management procedures and conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an insurance claim refused or denied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any physical or mental defects or conditions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been convicted of any criminal offence in the past 10 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, or any of your drivers, ever been convicted of any driving offences and or had drivers' license suspensions or cancellations in the past 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any business you were associated with ever been declared bankrupt, had a receiver appointed, been liquidated, or, had a default judgement entered against you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered 'Yes' to any of the questions in "8. PROPOSER'S HISTORY" above, please specify details here:

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In the past 5 years, have you lodged any claims in connection with a Motor Vehicle policy or been involved in any incidents even where a claim was not lodged or the claim was withdrawn?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If 'Yes', please specify below – if there is not enough room please supply on separate page. In any event, we require you to supply a claims printout from each of your insurers over the past 5 years.

<b>CLAIM DETAIL 1</b>	Date:            /            /20	Amount of Loss:
	Details of Incident (including Vehicle):	
	Insurer:	Driver's name:
<b>CLAIM DETAIL 2</b>	Date:            /            /20	Amount of Loss:
	Details of Incident (including Vehicle):	
	Insurer:	Driver's name:
<b>CLAIM DETAIL 3</b>	Date:            /            /20	Amount of Loss:
	Details of Incident (including Vehicle):	
	Insurer:	Driver's name:
<b>CLAIM DETAIL 4</b>	Date:            /            /20	Amount of Loss:
	Details of Incident (including Vehicle):	
	Insurer:	Driver's name:

(If you have supplied the appropriate claims print outs, please just put "As per attached Claims Print Outs" except accidents that were not reported to the insurers and claims that were withdrawn.)

Before you sign this proposal, please ensure that you have answered each question correctly and accurately and that the claims history you have supplied is correct and up to date. If there are any other facts or details that you know of, or could be reasonably expected to know of, that may affect our assessment of the risk, which has not already been covered by the questions in this proposal, you must also disclose this information to us.

Details:

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## 9. PROPOSER'S DECLARATION

I/We confirm that the answers given in this proposal are true and correct in all respects. I/We also confirm that no Insurance is in force until such time that the Insurer accepts this proposal of insurance and that this proposal forms the basis of the insurance contract between Me/Us and the Insurer. Where the answers are not in My/Our handwriting, I/We agree that they have been checked for accuracy and certify them as correct.

All proposers must sign and date this proposal form below before cover is effected.

Proposer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ Time:  am  pm

Proposer's Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ Time:  am  pm

## PRIVACY STATEMENT

The Privacy Act 1988 regulates the way We can collect, handle, store and disclose Your personal and sensitive information in order to decide whether to issue a Policy, determine terms and conditions of the Policy, compile data and handle claims.

We will only use and disclose Your personal information for a purpose You would reasonably expect. For example, in handling claims. We may have to supply Your personal information to third parties such as other insurers, reinsurers, external claims data collectors, loss adjusters, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it.

By providing Your personal information to Us, You consent to Us making these disclosures. Without Your personal information We may not be able to issue insurance cover to You or process Your claim.

We do not trade, rent or sell your information.

You also have the opportunity to find out what personal information We hold about You and when necessary, correct any errors in this information. Please contact Us if You would like to obtain access to, or amend Your personal information or feel that the information We currently have is incorrect or incomplete or believe that the privacy of Your personal information has been interfered with.

In these cases You are entitled to raise your concerns, Your complaint will be managed and resolved through Our Internal Privacy Complaint Procedure.

Should You wish to obtain more information about Our Privacy Principles, please contact Us.

The insurer of this product is "certain underwriters at Lloyd's of London".

Austruck Insurance Pty Ltd, ABN 77 123 519 862, is an Authorised Representative (Authorised Representative No: 334885) of Austruck Holdings Pty Ltd, ABN 33 133 273 631. Austruck Holdings Pty Ltd is an AFS Licensed underwriting agency (AFS Licence No: 333234). Austruck Insurance acts under Austruck Holdings AFS Licence conditions and is authorised by the insurer to issue contracts of insurance, handle and settle claims on their behalf.

If you require information about this insurance, in the first instance you should contact Austruck Insurance Pty Ltd.



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