

Company

Name

Phone

Email

# Securus 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:

## 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)  Unlocked Garage

Locked Garage (Residential Communal)  Unlocked Garage (Residential Communal)  Street (Policy Exclusion)

Other

Is the day parking address the same as overnight? Yes No

If No please advise location?

Street

Suburb  State  Postcode

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How is the **Vehicle** parked during the day?

- Carport                      Driveway                      Locked Garage (Commercial Property)                      Locked Garage (Residential Communal)
- Locked Garage (Residential)                      Unlocked Garage                      Unlocked Garage (Communal)                      Manned Private Car Park
- Manned Public Car Park                      Unmanned Private Car Park                      Unmanned Public Car Park                      Street

Other

### The cover

If the **Vehicle** is not driven on a regular basis **You** can select an annual kilometre limitation in return for a premium saving. In choosing a limited annual kilometre option **You** agree to advise **Us** if **You** will exceed the limitation without delay. If **You** exceed the kilometre limitation an additional **Premium** and/or **Excess** may be payable. If **You** are insured for Concessional/Club registration and increase the **Vehicle's** registration status to full registration without informing **Us**, **You** may not be insured.

What type of cover?

- Comprehensive – (Daily & Commuting Use)                      Comprehensive – limited <8,000km per year
- Comprehensive – extreme limited <4,000km per year                      Comprehensive – concessional cover/club registration
- Daily – (Non-Commuting Use)

**If You are requesting a reduced usage cover i.e. Limited Use or Extreme Limited Use, please complete the following;**

What is the current Odometer Reading?  Is the Odometer functioning correctly?                      Yes                      No

### Vehicle details

Year <input style="width: 250px; height: 25px;" type="text"/>	Make <input style="width: 250px; height: 25px;" type="text"/>	Model <input style="width: 250px; height: 25px;" type="text"/>
Body type <input style="width: 250px; height: 25px;" type="text"/>	Capacity and cylinders <input style="width: 250px; height: 25px;" type="text"/>	Engine number <input style="width: 250px; height: 25px;" type="text"/>
Vin/Chassis number <input style="width: 250px; height: 25px;" type="text"/>	Registration number <input style="width: 250px; height: 25px;" type="text"/>	Purchase price \$ <input style="width: 250px; height: 25px;" type="text"/>
Purchase date <input style="width: 250px; height: 25px;" type="text"/>		

**Modifications:** Means that **Your Vehicle** has alterations to the engine, drive train, suspension or wheels other than by the manufacturers design.

**Accessories:** An accessory is an item fitted by a dealer or non standard item or items not fitted by the manufacturer, such as tinted windows, alloy wheels and other fixed items which do not affect the performance or handling of the **Vehicle**.

Has **Your Vehicle** been modified?                      Yes                      No

If yes, describe all modifications and their values.

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Does **Your Vehicle** have any non-standard accessories? Yes No

If yes, describe the accessories and their values.

Do **You** have a security device fitted? Yes No

If yes, please provide 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

Does the **Vehicle** have any unrepaired damage and/or has the Vehicle been subject of a current or previous entry on the Written Off Vehicle Register in Australia (WOVR)? Yes No

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?** \$   
(Including modifications and accessories i.e. proposed agreed value)

**Are there additional spare parts to be insured at Your home location only?** Yes No

If so please attach an additional sheet to this proposal advising each and their value.  
(if **We** agree to cover, these will be noted on **Your** quote and **Policy Schedule**).

**Finance** Yes No

If yes,

Name of provider

Finance type

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

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

If yes, please provide details why not.

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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	Policy Number
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

### Vehicle Use

For what purpose will **You** use Your **Vehicle/Motorcycle**?    Private    Business    Wedding Hire    Other

For use other than Private, please provide 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	Last Name	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Year Licence Obtained	Licence No	% use
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

First Name	Last Name	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Year Licence Obtained	Licence No	% use
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

First Name	Last Name	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Year Licence Obtained	Licence No	% use
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

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#### 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 style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Details of charges, offences, infringements, convictions or disqualifications

Date of incident	Person involved	Amount of fine, penalty or disqualification period
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Details of charges, offences, infringements, convictions or disqualifications

Date of incident	Person involved	Amount of fine, penalty or disqualification period
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" 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.

Date of incident	Person at fault	Cost	Date of Loss	Insurer
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Details of loss

Date of incident	Person at fault	Cost	Date of Loss	Insurer
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Details of loss

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Date of incident	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.

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.

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### Declaration

I/We agree on my own behalf and on behalf of all other insured persons that: the within statements are true. The Duty of Disclosure 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 name

Applicant's signature

Date:  dd  mm  yyyy

### 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 Level 19, 20 Martin Place, 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](http://oneunderwriting.com.au))

### 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.

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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 Securus Motor Insurance, **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](mailto:motorsolutions@oneunderwriting.com.au)

Motor solutions team enquiries 07 3223 7517

**Privacy policy.** At One Underwriting **We** take privacy very seriously.

For full details please refer to [oneunderwriting.com.au/privacy](https://oneunderwriting.com.au/privacy)

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**one**  
UNDERWRITING