



QBE COMMERCIAL MOTOR Cover

COMPREHENSIVE MOTOR VEHICLE INSURANCE

PROPOSAL

A. NOTICE TO PROPOSED INSURED

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

2. Non Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

3. Inadequate Space to Answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate sheet of paper to this proposal giving full details of additional information.

4. Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The applicant will be referred to in this proposal as "You" or "Your".

5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- the laws of the country at the QBE office which issues the policy/ies arising from this proposal; unless
- the policy/ies refer to the laws of a different country applying, in which case, the laws of that country, and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

7. Note

Values, Sums Insured and Limits further marked as * are in the currency of the country in which a policy will be issued, upon the approval of this proposal.



B. DETAILS OF THE PROPOSED INSURED

- 1. Name(s) in full:
.....
Phone no: Fax no:
Mobile no: Email:
- 2. Postal address:
.....
.....
- 3. Home base (where vehicle usually kept):
.....
- 4. Type of business:
.....
- 5. Other interested persons (e.g. finance company) name and address:
.....
.....
- 6. Type of interest (eg. mortgagee, bill of sale holder):
.....
- 7. Period of insurance: From ____/____/____ and ending ____/____/____

C. DETAILS OF VEHICLES

Please tick (✓)

- 1. Are all units to be insured owned by the proposer? YES NO
If "NO", provide full details
.....
- 2. Do you carry petrol, LPG, flammable, explosives or hazardous substances? YES NO
If "YES", provide full details
.....
- 3. Where are the vehicles usually left overnight:
Garaged Street Depot Other
If "Other", provide full details below. If "Depot", provide full details of security precautions taken
.....
- 4. Are any vehicles used to transport goods on specific routes (eg. Highlands highway, PNG)? YES NO
If "YES", give details of how many trips and the type of goods being transported
.....
- 5. Please specify radius of operation:



D. SCHEDULE OF FLEET

How many and what type of units comprise fleet? (complete schedule below)

	Year	Make	Model	Carrying capacity	Rego no.	Sum insured or TPPD [^]	Any interested person, eg. finance company
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

[^] TPPD means insured for Third Party Property Damage only

Are the vehicles fitted with an approved immobiliser conforming to Australia and New Zealand standard AS/NZS 4601:1999?

YES NO

E. DETAILS OF DRIVERS

We need to know of everyone who regularly drive(s) the vehicle(s).

Note: A "Regular Driver" is anyone who drives the vehicle once a week or more often.

1. Regular Driver(s) name(s)	Class of licence	Date of birth	No. of years licensed
.....	___/___/___
.....	___/___/___
.....	___/___/___
.....	___/___/___
.....	___/___/___
.....	___/___/___
.....	___/___/___
.....	___/___/___

2. Have any of the Regular Drivers in the last 5 years: Please tick (✓)

a) had any accidents, vehicle(s) stolen or any other vehicle damage or loss? YES NO

If "YES", driver(s) name(s)	No. of accidents/offences
.....
.....



2. b) had their licence cancelled or suspended? YES NO

If "YES", driver(s) name(s) No. of accidents/offences
.....
.....

c) committed any traffic offences or infringements such as speeding, running a red light etc. (but not parking)? YES NO

If "YES", driver(s) name(s) No. of accidents/offences
.....
.....

3. What company policy or rules do you have in relation to drivers under the age of 25 years? E.g. minimum driving experience etc.

.....
.....
.....

F. CLAIMS DETAILS

1. Have you (in the past 5 years): Please tick (✓)

1.1. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special conditions or excess imposed by an insurer? YES NO

If "YES", please give full details
.....
.....

1.2 suffered any loss or damage which would have been covered by the proposed insurance policy? YES NO

If "YES", please give full details

Table with 4 columns: Date of loss, Insurer, Details, Amount of claim *. Multiple rows of dotted lines for data entry.

2. Have you or any partner(s), shareholder(s) or director(s) of the business

2.1. ever been declared bankrupt? YES NO

If "YES", please give full details
.....
.....



2.2 ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)? YES NO

If "YES", please give full details

.....

2.3 been convicted of any criminal offence within the past 5 years (other than minor traffic convictions)? YES NO

If "YES", please give full details

.....

2.4. been liable for any civil offence or pecuniary penalty? YES NO

If "YES", please give full details

.....

G. PREVIOUS INSURANCE HISTORY & EXPERIENCE

Period	Insurer	No of units	Excess*	No. of claims	Type of cover
.....
.....
.....
.....
.....

N.B. A minimum of 3 years written confirmation from previous "insurer" must be provided.

H. POLICY ENDORSEMENTS

You may be able to add extra coverage to your QBE Motor Cover - Commercial Motor.

1. Increase in Third Party Limit YES NO

If "YES", please state amount

*

2. Automatic additions and deletions clause (available only when more than 10 vehicles are insured) YES NO

3. You may be able to save some premium if you take a higher excess than our standard. Do you wish to take a higher excess? YES NO

If "YES", please state amount of excess required

*



I. DECLARATION

I/we the undersigned authorised proposed insured person(s), after enquiry declare as follows:

- 1. I/we are authorised by each of the other applicants to make this proposal.
2. I/we have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/we understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

If accepted by QBE, the proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance

Name and position:

Signature:

Date: ___/___/___

Fiji

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