



**PROPOSAL FORM
FOR
MOTOR VEHICLE INSURANCE**

Trans Pacific Assurance Limited
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MOTOR VEHICLE PROPOSAL

COVER NOTE No: _____ **POLICY No:** _____

IMPORTANT INFORMATION

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 the insurance and, if so, on what terms.

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

Your duty however does not disclosure of matter

- that diminishes the risk to be undertaken by Us;
- that is common knowledge,
- that we know or, in the ordinary course of business, ought to know;
- as to which compliances with Your duty is waived by Us.

NON-DISCLOSURE

If you fail to comply with your duty of disclosure, We may be entitled to reduce Our liability under a contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

1. PERIOD of INSURANCE

From / / **To** / / at 4.00 pm local time

2. PROPOSER

COMPANY NAME

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.....
(If a Company, or Business etc state the full Registered Name and Trading Name above)

3. ADDRESS of PROPOSER

(Registered address of the company or business or residential address for others)

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4. POSTAL ADDRESS of PROPOSER

Name

Address:

.....

Telephone Number: Home: Business:

Facsimile:..... Email:.....

5. OCCUPATION/BUSINESS of PROPOSER

(Please describe fully the nature of all operations)

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6. VEHICLE INFORMATION

Year and Make: Model:

Registered no: Engine No:

Sum Insured: Deductible:

7. DRIVING and CLAIMS HISTORY

Have any drivers ever:

(i) Been fined or convicted of a speeding or other traffic offence (other than parking) within the last 5 years

Yes No

(ii) Had a driving license endorsed, suspended or cancelled

Yes No

(iii) Had an insurance policy declined or cancelled, or a renewal refused

Yes No

(iv) Had any accidents, fires or lodged a claim in connection with a motor Vehicle with the last 5 years

Yes No

(v) Suffered from any physical or mental condition which could affect their driving performance (e.g. Epilepsy, diabetes, heart condition, faulty eyesight)
Yes No

If **"Yes"** please provide full details

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8. ADDITIONAL INFORMATION

Is there any additional information you should tell us that affect decision to insure you? Yes No

If **"Yes"** please provide details

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NB Refer to **"IMPORTANT INFORMATION – YOUR DUTY OF DISCLOSURE"**

9. DECLARATION

As an insurer will collect your personal and other information in order to decide whether to insure a policy, determines the term and conditions of your policy, compile data and handle claims. In certain circumstances, for example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, external claims data collectors, investigators and agents, etc or other parties as required by law. If you provide us with personal information about any one else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters. You have the right to seek access to your personal information and correct it at any time by contacting us during office hours.

I/we declare the answers and information given by me/us in this proposal are true and correct in all respects. I/we also acknowledge having been clearly informed of the following:

- the nature and effect of my/our Duty of Disclosure;
- the only person whose interests are covered; and
- the most I/we can recover under a claim.

I/we further acknowledge that any cover that may be granted by You, Your agents or employees on completion of this Proposal prior to You advising me/us of its acceptance or declination of this offer to insure, is Interim Cover only.

I/we also acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this proposal. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then unfortunately Trans Pacific Assurance Limited will be unable to process my/our proposal.

Signature Date / /.....

Name & Position