



Quick Quote Form / Proposal

VR-T_06_17_1.1

Questionnaire for 1-4 Taxis

IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

Your Duty of Disclosure

Before You enter into this insurance with Us, You have a duty of disclosure under the Insurance Contracts Act 1984. The Act imposes a different duty the first time You enter into a contract of insurance with Us to that which applies when You vary, extend or reinstate the contract. This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

Your Duty of Disclosure when You enter into the Policy with Us for the first time

When answering Our specific questions that are relevant to Our decision whether to accept the risk of the insurance and, if so, on what terms, You must be honest and disclose to Us anything that You know and that a reasonable person in the circumstances would include in answer to the questions. It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

Your Duty of Disclosure when You renew, vary, extend, reinstate or replace the Policy

When You vary, extend or reinstate the contract with Us, Your duty is 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.

What You do not need to tell Us

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by Us; or
- that is of common knowledge; or
- that We know or, in the ordinary course of Our business as an insurer, ought to know; or
- as to which compliance 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 the contract in respect of a claim, cancel the contract or both. If Your non-disclosure is fraudulent, We may also have the option of avoiding the contract from its beginning.

Privacy Notice

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the Privacy Act 1988 (Cth). In this Privacy Notice, 'We', 'Our', 'Us' means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited.

How We collect Your personal information

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

Why We collect Your personal information

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; offer Our products and services and those of Our related companies, brokers, intermediaries and business partners that may interest You; and conduct market or customer research to determine those products or services that may suit You.

Who We disclose Your personal information to

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

Access to Your personal information and complaints

You may ask for access to the personal information We hold about You and seek correction by calling (02) 9966 8820 EST 8.45am-5pm, Monday to Friday, or by writing to Us at GT Insurance, PO Box 507, St Leonards NSW 1590. Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the Privacy Act 1988 (Cth) and how We deal with complaints. Our Privacy Policy is available at www.gtins.com.au and www.allianz.com.au.

General Insurance Code of Practice

The Insurance Council of Australia has produced the General Insurance Code of Practice with the purpose of raising the standards of practice and service in the general insurance industry. We support the standards set out in the Code. A copy of this Code is available on our website at www.gtins.com.au or from the Insurance Council of Australia's website at www.ica.com.au

Subrogation

You may prejudice your rights in relation to a claim made under this policy if without prior agreement from us, you make an agreement with a third party that will prevent us from recovering a loss from that or another party.

Duty of Utmost Good Faith

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

Change of Risk or Circumstance

It is vital that you provide us with notification of any changes in your risk profile which may be relevant to the terms and conditions of this insurance. This is including but not limited to changes in business activities and acquisitions which occur after the date of the Declaration.

The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 2 Market Street Sydney, 2000.

The Underwriting Agency

Global Transport & Automotive Insurance Solutions Pty Ltd (GT Insurance); ABN 93 069 048 255; AFSL No. 240714, of Level 6, 55 Chandos Street, St Leonards, 1590, is an underwriting agency which specialises in arranging insurance in respect of motor vehicles. GT Insurance acts as an agent of the Insurer to market, solicit, offer, arrange and administer the insurance and has a binding authority to deal with or settle claims on their behalf.

Completing this Form/Questionnaire:



1. Please complete all sections in full and provide any requested attachments.
2. This form may be completed electronically or it can be printed and completed in hand writing.
3. If more space is required when completing this form, please attach a separate sheet.
4. The use of the term "You" or "Your" in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
5. The use of the term "We", "Us" or "Our" in this form refers to the Insurer and its Underwriting Agency.
6. It is important to refer to the relevant Product Disclosure Statement and Policy Wording which sets out the terms and conditions of cover offered. Please contact your local GT Insurance office or speak to your Intermediary.

Section 1. Insurance Broker Contact Details

Insurance Broker or Agent company name	<input type="text"/>		
Contact name/s	<input type="text"/>		
Contact number	<input type="text"/>	E-mail	<input type="text"/>

Section 2. Client Business Details

Insured's name (if a Company, please provide Operators name also)	<input type="text"/>		
Number of years you have been operating a Taxi	<input type="text"/>	Specify number of Years	
Number of vehicles you operate in total	<input type="text"/>		
Network Post Code	<input type="text"/>	Base Network Suburb	<input type="text"/>

Section 3. Your Insurance Details

Please indicate if this vehicle is currently Insured

Yes, this vehicle is currently Insured, OR
 No, this vehicle is not currently Insured. This is a new business venture, OR
 No, this vehicle is not currently Insured.

If answered 'Yes' above, please indicate whom the current Insurer is for this vehicle

Period of Insurance Effective Date from: to Expiry Date: at 4:00pm

Section 4. Loss History

Please provide written details of any claims or uninsured losses in the last 5 years). (Written confirmation from Insurers is required)
(Note: If insufficient space please attach details).

Date of Loss	Details of Claim	Total Cost (\$)	Excess (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Loss

Details of Claim

Total Cost (\$)

Excess (\$)

Section 5. Vehicle Information

INSURED VEHICLE 1.

Vehicle Type

- Standard Taxi
- Standard Wheelchair Taxi (WAT)
- Premium / Prestige Maxi Taxi
- Night Plate
- Standard Maxi Taxi
- Premium / Prestige Taxi
- Premium Prestige Wheelchair Taxi (WAT)
- Standby Taxi

Year

Make & Model

Registration / Plate No.

Odometer Reading

(Kilometres)

Current Market Value (Excluding GST) (\$)

Total Value of Accessories (\$)

Vehicle cover

- Comprehensive, OR
- Third Party Only

INSURED VEHICLE 2.

Vehicle Type

- Standard Taxi
- Standard Wheelchair Taxi (WAT)
- Premium / Prestige Maxi Taxi
- Night Plate
- Standard Maxi Taxi
- Premium / Prestige Taxi
- Premium Prestige Wheelchair Taxi (WAT)
- Standby Taxi

Year

Make & Model

Registration / Plate No.

Odometer Reading

(Kilometres)

Current Market Value (Excluding GST) (\$)

Total Value of Accessories (\$)

Vehicle cover

- Comprehensive, OR
- Third Party Only

INSURED VEHICLE 3.

Vehicle Type

- Standard Taxi
- Standard Wheelchair Taxi (WAT)
- Premium / Prestige Maxi Taxi
- Night Plate
- Standard Maxi Taxi
- Premium / Prestige Taxi
- Premium Prestige Wheelchair Taxi (WAT)
- Standby Taxi

Year

Make & Model

Registration / Plate No.

Odometer Reading

(Kilometres)

Current Market Value (Excluding GST) (\$)

Total Value of Accessories (\$)

Vehicle cover

- Comprehensive, OR
- Third Party Only

INSURED VEHICLE 4.

Vehicle Type

- Standard Taxi
- Standard Wheelchair Taxi (WAT)
- Premium / Prestige Maxi Taxi
- Night Plate
- Standard Maxi Taxi
- Premium / Prestige Taxi
- Premium Prestige Wheelchair Taxi (WAT)
- Standby Taxi

Year

Make & Model

Registration / Plate No.

Odometer Reading

(Kilometres)

Current Market Value (Excluding GST) (\$)

Total Value of Accessories (\$)

Vehicle cover

- Comprehensive, OR
- Third Party Only

Section 6. Insurance History

Have You or any person applying for this insurance:

	Yes	No
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 within the last 5 years?	<input type="radio"/>	<input type="radio"/>
Been placed in bankruptcy, receivership or liquidation within the last 5 years?	<input type="radio"/>	<input type="radio"/>
Had any insurer decline any claim or proposal, cancel or refuse to renew a policy, increase premium or impose special terms, conditions or restrictions on a policy within the last 5 years?	<input type="radio"/>	<input type="radio"/>
Any other matter you should disclose to us, in relation to your duty of disclosure?	<input type="radio"/>	<input type="radio"/>

If you have answered 'Yes' to any of Section 6. above, please provide details (attach separate sheet if required):

Section 7. Cover requirements

Which level of Excess do you require? \$1,000 \$1,500 \$2,000 \$2,500 \$3,000 \$5,000

Do you require Total Loss of Encumbered Taxi Cover (finance payout)? Yes No

If so, please select level of cover required for each Taxi (Additional premium will apply):

Taxi 1 10% (\$10,000 Limit) or 20% (\$20,000 Limit)

Taxi 2 10% (\$10,000 Limit) or 20% (\$20,000 Limit)

Taxi 3 10% (\$10,000 Limit) or 20% (\$20,000 Limit)

Taxi 4 10% (\$10,000 Limit) or 20% (\$20,000 Limit)

Do you require Excess free Windscreen cover? Yes No

If so, additional premium will apply

Do you require Public Liability cover? Yes No

If so, please select level of cover required \$10,000,000 \$20,000,000 (Additional premium applies)

Note: This quote will be calculated with the information provided, and subject to change or decline if the information varies.

Section 8. Declaration

This declaration applies to all the insurances being applying for. I/we hereby declare that:

- I/we have received or have been offered a copy of the Product Disclosure Statement and Policy Document;
- I/we have read the information concerning the Duty of Disclosure and other Important Notices;
- I/we have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the terms of the acceptance of this insurance by the Insurer;
- I/we have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- upon acceptance the terms and conditions of this insurance will be in accordance with the Product Disclosure Statement and Policy Document;
- I/we have read and understood the Privacy Notice above and consent to the collection, storage, use and disclosure of any personal and sensitive information;
- an occurrence during the Period of Insurance, which alters any of the information provided, will be promptly notified;
- if I/we have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

I/We agree Yes

Completed by name

Date of declaration

(dd/mm/yyyy)