



# Driveline Essential or Platinum Taxi Package Insurance (1-4 vehicles)

[Proposal Form / Quick Quote Form](#)

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## IMPORTANT INFORMATION – PLEASE READ BEFORE COMPLETING THIS FORM

### Your Duty of Disclosure

Before You enter into a contract of insurance with Us, You have a Duty, under the Insurance Contracts Act 1984, 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 the contract.

This Duty of Disclosure applies until the contract is entered into (or renewed, extended, varied or reinstated as applicable).

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 trading as 'GT Insurance'.

### 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; make offers of Our products and services provided by Us, Our related companies, brokers, intermediaries and business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You.

You can choose not to receive product or service offerings from Us (including product or service offerings from Us on behalf of Our brokers, intermediaries and/or Our business partners) or Our related companies by calling:

**GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059**

If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

### 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, and industry databases 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:

**GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059**

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](http://www.gtins.com.au) and [www.allianz.com.au](http://www.allianz.com.au)

### Telephone call recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where We have recorded a telephone call, We can provide You with a copy at Your request, where it is reasonable to do so.

### Your consent

By providing Us with personal information You and any other person You provide personal information for, consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for such things as receiving information on products and offers by Us or persons We have an association with, please contact Us.

### General Insurance Code of Practice

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting Us. Contact details are provided below and on the back cover of the Product Disclosure Statement or Policy Document.

**GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059**

For more information on the Code Governance Committee (CGC) go to [www.insurancecode.org.au](http://www.insurancecode.org.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.

## The Insurer

Allianz Australia Insurance Limited (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 10 Carrington Street Sydney, 2000.

## The underwriting agency

Global Transport & Automotive Insurance Solutions Pty Ltd (trading as GT Insurance) AFS Licence No. 240714 ABN 93 069 048 255 of Level 3, 213 Miller Street, North Sydney, NSW 2060 is an underwriting agency which specialises in arranging insurance in respect of Motor Vehicles and Mobile Plant and related insurances. GT Insurance acts as the agent of Allianz to market, solicit, offer, arrange and administer the insurance.

GT Insurance has a binding authority to issue, vary and cancel contracts of insurance and to deal with or settle claims on behalf of Allianz. If You need information about this insurance in the first instance, contact GT Insurance.

## COMPLETING THIS FORM/QUESTIONNAIRE:

- Please complete all sections in full and provide any requested attachments.
- This form may be printed and completed in handwriting or it may be completed electronically as an interactive pdf with fillable form fields. If completing electronically, please download to your local computer and complete using Adobe Acrobat Reader (Fill & Sign tool).
- If more space is required when completing this form, please attach a separate sheet.
- 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.
- The use of the term 'We', 'Our' or 'Us' in this form refers to the Insurer and its Underwriting Agency.
- It is important to refer to the relevant Product Disclosure Statement and Policy Document which sets out the terms and conditions of cover offered. Please contact your local GT Insurance office or speak to your Intermediary.

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## Section 1. Insurance Broker Contact Details

Insurance Broker or Agent company name

Contact name/s

Contact number

Email

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## Section 2. Client Business Details

Insured's name (if a Company, please provide Operators name also)

Number of years you have been operating a Taxi

*Specify number of Years*

Number of vehicles you operate in total

Network Postcode

Base Network Suburb

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## 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:

*dd/mm/yyyy*

to Expiry Date:

*dd/mm/yyyy*

at 4pm

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

## Section 5. Vehicle Information

### Insured Vehicle 1

Vehicle Type

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Standard Taxi                  | <input type="checkbox"/> Premium / Prestige Maxi Taxi | <input type="checkbox"/> Standard Maxi Taxi      | <input type="checkbox"/> Premium Prestige Wheelchair Taxi (WAT) |
| <input type="checkbox"/> Standard Wheelchair Taxi (WAT) | <input type="checkbox"/> Night Plate                  | <input type="checkbox"/> Premium / Prestige Taxi | <input type="checkbox"/> 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     
  Premium / Prestige Maxi Taxi     
  Standard Maxi Taxi     
  Premium Prestige Wheelchair Taxi (WAT)  
 Standard Wheelchair Taxi (WAT)     
  Night Plate     
  Premium / Prestige Taxi     
  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     
  Premium / Prestige Maxi Taxi     
  Standard Maxi Taxi     
  Premium Prestige Wheelchair Taxi (WAT)  
 Standard Wheelchair Taxi (WAT)     
  Night Plate     
  Premium / Prestige Taxi     
  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

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Standard Taxi                  | <input type="checkbox"/> Premium / Prestige Maxi Taxi | <input type="checkbox"/> Standard Maxi Taxi      | <input type="checkbox"/> Premium Prestige Wheelchair Taxi (WAT) |
| <input type="checkbox"/> Standard Wheelchair Taxi (WAT) | <input type="checkbox"/> Night Plate                  | <input type="checkbox"/> Premium / Prestige Taxi | <input type="checkbox"/> 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:

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? Yes  No

Been placed in bankruptcy, receivership or liquidation within the last 5 years? Yes  No

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? Yes  No

Any other matter you should disclose to us, in relation to your duty of disclosure? Yes  No

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

## Section 7. Driver Details

Have You or any intended driver ever:

- Been fined or convicted of more than 3 speeding or other traffic offence (other than parking) within the last 3 years? Yes  No
- Had a driving licence endorsed, suspended or cancelled within the last 5 years? Yes  No
- Been convicted with Prescribed Concentration of Alcohol (PCA) or Driving Under the Influence (DUI) in the last 5 years? Yes  No
- Suffered from any physical or mental condition which could affect their driving performance? Yes  No

## Section 8. Cover requirements

Which policy do you require a quotation or cover for?

- Driveline Essential Taxi Insurance Policy – Market Value
- Driveline Platinum Taxi Insurance Policy - Agreed Value (additional premium applies)

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 Yes, please select level of cover required for each Taxi (additional premium applies):

- 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 Yes, additional premium applies

Do you require Public Liability cover? Yes  No

If Yes, please select level of cover required (additional premium applies):  \$10,000,000     \$20,000,000

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

## Section 9. Declaration

This declaration applies to all the insurance You are applying for in this Proposal. I/We hereby declare that:

- I/We have received 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?

Completed by  
(print full name)

Signature

Position /  
Title held

Date of  
declaration

*dd/mm/yyyy*