



FREEWHEELER

INSURANCE APPLICATION FORM

TO ARRANGE COVER, PLEASE COMPLETE AND FAX OR MAIL THIS FORM TO
WHITBREAD INSURANCE BROKERS.

Phone: 1800 611 346 Fax: 03 8646 0220

Address: Level 1, 346 St Kilda Road, Melbourne 3004

Email: plines@whitbread.com.au Website: www.whitbread.com.au

Proprietor: Whitbread Associates Pty Ltd ABN 69 005 490 228 Licence Number: 229092



Proposer's Full Name: _____

Postal address: _____ Postcode: _____

Contact No: Home: _____ Business: _____ Mobile: _____

Email Address: _____

Period of Insurance: From: ___/___/___ To: ___/___/___

Vehicle Full Description: Year _____ Make: _____

Reg No. _____ Agreed Value Sum Insured \$ _____

Main Drivers Full Name: _____

Date of Birth: _____ License No. _____

INSURANCE DETAILS:

Please attach a copy of your current Motor Vehicle renewal certificate or your insurer's written confirmation of your No Claim rating

Medical certificate is required for drivers 80 years of age or over

Details of main drivers Insurance Claims/Traffic/Criminal Convictions in the last (5) five years

Motor Vehicle Claims _____

Dates _____

Traffic/Criminal Convictions _____

Dates _____

Penalty/Amount Paid _____

I/We declare the following:

- (a) All the above answers are true and correct to the best of my/our knowledge and understanding
- (b) I/We understand this application is for vehicles driven for private use only.
- (c) I/We have received a product disclosure statement policy wording.

Signature of Proposer _____ Signature of Main Driver _____

Dated _____

Your Duty of Disclosure

Before you enter into your policy with us, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose to us every matter that you know, or a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms. The Act imposes a different duty the first time you enter into your Policy with us, to that which applies when you renew, vary, extend or replace it.

Please note: This product is issued by Wesfarmers General Insurance Limited ABN 24 000 036 279, AFS Licence No. 241 461, trading as Lumley Insurance. To decide if it is right for you please carefully read the Product Disclosure Statement (RETPDS6400) before making any decision. You can obtain a Product Disclosure Statement from Whitbread Insurance Brokers