

Freewheeler - Insurance Application Form

To arrange cover, please complete and return or mail this form to Whitbread Insurance Brokers.

Phone: 1300 424 627 Fax: 03 8646 0220
Address: Level 5, 90 Collins Street, Melbourne VIC 3000 Email: info@whitbread.com.au
Website: www.whitbread.com.au Proprietor: Whitbread Associates Pty Ltd
ABN: 69 005 490 228 Licence Number: 229092

Main Driver / Owner Details

Registered Owner's Full Name: _____ Contact Person's Name: _____
Postal Address: _____ Postcode: _____
Contact No: Home: _____ Mobile: _____ Email Address: _____

Vehicle Details

Year of Manufacture: _____ Make/Model: _____
Transmission: _____ Fuel Type: _____ VIN: _____
Registration Number: _____ Garaging Address: _____
Details of modification: _____

Purchase amount (incl modification cost): \$ _____ Name of company that modified the vehicle: _____

Vehicle is Parked Overnight: (please tick most applicable) Carport Driveway Garage Street

Is there any anti-theft security? (e.g. Alarm, immobiliser, tracking system): _____

Driver Details Main Driver

Full name: _____ DOB: ____/____/____ Gender: _____

Year licence obtained _____ State of issue: _____ NCB Rating: _____

Relationship to Registered Owner: _____

In the past 5 years, has the above driver had:

Any at-fault claims? Yes No Any infringements? Yes No Licence suspended or cancelled? Yes No

In the past 10 years, has the above driver:

Been charged or convicted of any criminal offence? Yes No

If you've answered 'Yes' to any other above, please provide details below

Driver Details Secondary Driver

Full name: _____ DOB: ____/____/____ Gender: _____

Year licence obtained _____ State of issue: _____ NCB Rating: _____

Relationship to Registered Owner: _____

In the past 5 years, has the above driver had:

Any at-fault claims? Yes No Any infringements? Yes No Licence suspended or cancelled? Yes No

In the past 10 years, has the above driver:

Been charged or convicted of any criminal offence? Yes No

If you've answered 'Yes' to any other above, please provide details below

Insurance Details

Please attach a copy of your current Motor Vehicle renewal certificate or your insurer's written confirmation of your No Claim Bonus Rating. Medical certificate is required for drivers 80 years of age or over.

Declaration

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 CGU Insurance Limited ABN 27 004 478 371, AFS License No. 23291. To decide if it is right for you please carefully read the Product Disclosure Statement (PID0301 REV 15 11/16) before making any decision. You can obtain a Product Disclosure Statement from Whitbread Insurance Brokers