



# PROPOSAL FOR INSURANCE PRIVATE VEHICLE

SCAL Head Office  
Level 9, Monian Tower  
Douglas Street, CBD  
Port Moresby  
Telephone : (675) 3217594  
Fax : (675) 3212950

Broker/Agent		Proposal Number		Policy No
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THE APPLICANT(S)	
Name(s) in full	<div style="text-align: right;">Phone</div> <div style="text-align: right;">Fax</div>
Postal Address	Province
Home Base (Where vehicles usually kept)	Province
Type of Business	
Other Interest Parties (eg Bank, Name, Address)	Type of Interest
Period of Insurance	From                      to                      at 4 pm

GENERAL INFORMATION		
	Please ✓	(If "Yes" provide full details)
<b>1</b> Have you (in the past five five years) <ul style="list-style-type: none"> <li>a) had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected, special conditions or excess imposed by an insurer?</li> <li>b) suffered any loss or damage which would have been covered by the proposed insurance policy?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>2</b> Have you or any partner(s), shareholder(s) or director(s) of the business <ul style="list-style-type: none"> <li>a) ever been declared bankrupt</li> <li>b) ever been involved in a company or business which became insolvent or subject to any form of insolvency administration (e.g. liquidation or receivership)?</li> <li>c) been convicted of a criminal offence</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Yes <input type="checkbox"/> No	

DUTY OF DISCLOSURE
<p>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 expected to know is relevant to our decision whether to accept the risk of 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. You duty is not limited by us asking General Information questions 1 a), b) and 2 a), b) and C)</p>

# VEHICLE DETAILS

<ul style="list-style-type: none"> <li>Cover Required (Please <input checked="" type="checkbox"/> Tick)</li> </ul>	<b>Vehicle</b> Comprehensive <input type="checkbox"/> Third Party Only <input type="checkbox"/> Fire, Theft & Third Part <input type="checkbox"/> Fire & Theft <input type="checkbox"/>
• Year of make	
• Make e.g. Mazda, Nissan, Toyota	
• Model e.g. Mazda 626, Camry, Starlet	
• Registration Number	
• Engine Number	
• Chasis Number	
• Current Value - Proposed Sum Insured (including accessories)	K
• Date of purchase	...../...../.....
• Purchase Price	K
• No Claims Bonus % (attach renewal notice or any other proof)	%
• Accesories - please provide value and full details of on non-factory fitted accessories installed or if you require cover for equipment such as chains, tarpaulins, fences, gates, special toll kit.	K
• Modifications - if vehicles have been modified to	
a) improve performance or speed by the following	
- Modifications to the motor, fuel or exhaust systems?	
- Performance enhanced suspension or wheels?	
- Flared guards, spoilers or air scoops?	
Please provide details	
b) incorporate special equipment such as built-in-hoist, freezer unit, or specific changes. Please provide details	
Only complete this section for non goods carrying vehicles?	
• Series e.g.	
Types of Body e.g. Sedan, Hatch, Utility, Station Wagon	
Engine Capacity - Number of Cylinders	
- Size in litres	
Auto or Manual	Auto    Manual
Transmission - 3,4,5 or other speed	
4 Wheel Drive	Yes    No
Air Conditioning	Yes    No
Only complete the following section for goods carrying vehicles	
• Authorised Carrying Capacity	
What is the vehicle radius of use? (Please <input checked="" type="checkbox"/> )	Up to 50kms <input type="checkbox"/> Up to 100kms <input type="checkbox"/> Over 200kms <input type="checkbox"/>
If the vehicle operates on journeys over 200kms kive full details	
• What specific activities are the vehcile(s) used for? If used for earthmoving, state the type or work usullay done and describe over terrain over whicj earth moving vehicles will be used.	
• Where is the vehcile stored/garaged when not in use? [eg Locked depot]	
• What types of carried are usually carried? Policy does not cover Cartage of Dangerous Goods. If you require cover for vehicles being used for transpotation of inflammable liquids having a closed cup flash-point below 22.7 degree celcius, toxic chemicals, corrosive acids, gases, explosive and/or substance which form explosive mixtures with organic and other readily oxidisable material, infectious or radio active substances please indicate the Third Party required	K
<b>OFFICE USE ONLY</b>	
PREMIUM	K
Levies	K
VAT/Tax	K
Stamp Duty	K
Total Payable	K

## 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 or may cancel the contract. If your non-disclosure is fraudulent, we may also have the option of avoiding your contact from its beginning.

## INADEQUATE SPACE TO ANSWER

If there is inadequate space to answer our General Information or other questions or need to disclose something to us because of your Duty of Disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.

We need to know of everyone who regularly drive(s) the vehicle(s) at least once a week or more often.

1	Regular Driver Name	Class of License	Date of Birth	No. Of Years of Experience

2	Have any of the regular drivers in the last 5 years	Please <input checked="" type="checkbox"/>	IF "Yes" Drivers' Names	No. of Accidents
	a) had any accidents, vehicle(s) stolen or any other vehicle damage or loss?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	b) had their licence cancelled or suspended?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
	c) committed any traffic offences or infringements such as speeding, (but not parking)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

If "Yes" to a), b) or c) provide full details below.

3 What policy or rules do you have in relation to drivers under the age of 25 years? (eg minimum driving experience)

## PREMIUM AND EXCESS TERMS

EXCESS TO APPLY		Plus
• Standard Vehicle Excess	K	• For Drivers under age 21 K
• Theft Excess	K	• For Drivers aged 21 to 24 K
		• Drivers over 25 licenced for less than 2 years K

## SIGNATURE AND DECLARATION

- 1 The Duty of Disclosure, Non-Disclosure and Inadequate Space to Answer have been read by me/us.
- 2 All answers and statements made in this application are true and accurate in every respect and no information has been withheld which is likely to affect your decision about accepting this insurance.
- 3 I/We acknowledge you reserve the right to decline any application
- 4 I/We give Southern Cross Assurance Ltd the authority to contact my previous insurers and obtain policy and claims details.

Applicant's Signature

Applicant's Title

### OFFICE USE ONLY

Underwriting Department Acceptance Notes Valuation Needed <input type="checkbox"/> Reinsurance Needed <input type="checkbox"/> Initials Dated Policy Form	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">Premium</td><td> </td></tr> <tr><td style="text-align: center;">Stamp Duty</td><td> </td></tr> <tr><td style="text-align: center;">IC Levy</td><td> </td></tr> <tr><td style="text-align: center;">VAT</td><td> </td></tr> <tr><td style="text-align: center;">TOTAL PREMIUM</td><td> </td></tr> <tr><td style="text-align: center;">Extension Clauses</td><td> </td></tr> </table>	Premium		Stamp Duty		IC Levy		VAT		TOTAL PREMIUM		Extension Clauses		EDP Dept.  Proposal Code  Entered By  Date Entered
Premium														
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