



Fleetsure Pty Ltd ABN: 78 078 661 220 AFSL: 238151  
as agent of the insurer  
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## MOTOR VEHICLE PROPOSAL FORM

PLEASE READ THESE NOTICES CAREFULLY

### About Fleetsure

Fleetsure Pty Ltd ABN 78 078 661 220, AFSL 238151, and a specialist heavy and commercial motor vehicle underwriting agency. Since 2001 Fleetsure has provided insurance brokers with alternative and innovative solutions for the Australian road transport industry.

### Start of Contract

The Insurance contract will not commence before the first day of the period of insurance whether or not any premium is paid before then.

### Persons Covered by Property Insurance

Insurance on property (including motor vehicles and boats) covers the following:

- The insured named on the Certificate of Insurance
- Others named in the policy
- Others named on the Certificate of Insurance (e.g. a bank or finance company)

No other interest is covered.

### Drivers Declarations

A driver questionnaire form should be submitted and approved by us prior to the driver driving or being in control of the insured vehicle. If a loss occurs and the vehicle is being driven by an unacceptable driver your claim may be denied under the policy.

### Insurance Excess

An excess is the sum of money we will not pay in respect of a claim. The amount of the excess is as detailed in the Policy Schedule.

### Claims

This policy does not provide cover in relation to events that occurred before the contract was entered into.

### Privacy

Fleetsure Pty Ltd is committed to protecting the privacy of the personal information you provide to us.

Any personal information you provide Fleetsure Pty Ltd will be collected for the purposes of assessing your request for insurance and administering your policy and will be disclosed to the Insurer for these purposes. By providing information on this proposal form you agree to its use and disclosure in this manner.

All data collection, use, storage, access and disclosure will be undertaken in accordance with the Privacy Act 1988.

**PROPOSED PERIOD OF INSURANCE** From 4pm AEST / /20..... To 4pm AEST / /20.....

**PROPOSER**

Full Name .....

Trading Name.....

ABN..... ITC.....

Have you traded under previous entities, if so give details.....

Residential Address..... P'code .....

Depot Address..... P'code .....

Postal Address..... P'code .....

Telephone No..... Mobile No:.....

Facsimile No..... Email Address:.....

Other Interested Parties.....

**INSURANCE HISTORY**

Previous Insurer ..... Policy no. ....

Name of Policy Owner..... Number of Vehicles .....

No. of Claims Free Years Insured ..... No Claims Bonus Entitlement .....%

NOTE: Written evidence from an authorised insurer must be attached. If we cannot verify your no claims bonus, full premium will apply or the period of your insurance may be reduced

**VEHICLE OPERATIONS**

Are any vehicle/s currently insured with another insurer? Yes  No

Are any vehicle/s owned or registered by anyone other than you? Yes  No

Are any vehicle/s hired out, or control assigned to any other party? Yes  No

Are any vehicle/s in an unsafe, unroadworthy or have pre-existing damage? Yes  No

If 'yes' to any of the above, please supply details:.....

Base of Operation..... Radius of Operation Required from Base.....kms

Most frequent destination/s.....

What is your furthest normal destination (eg town, city) .....

Total annual kilometres travelled by truck/fleet..... kms

What type of goods do you carry?  
**(General freight is unacceptable)**.....

Will Dangerous goods (ie explosives, acids, flammables or chemicals) be carried? Yes  No

If 'Yes', please indicate:.....

Substance carried .....

Estimate of quantity carried any one load.....

NOTE: This Policy may provide limited cover for the cartage of dangerous goods, however some dangerous goods are excluded from cover (see our Product Disclosure Statement & Policy Wording for full details)

**PROPOSER'S HISTORY**

Has the Proposer of this insurance ever had an Insurance Company:

Refuse to accept any insurance proposal? Yes  No  Refuse to renew any policy? Yes  No

Refuse a claim under any policy? Yes  No  Cancel or terminate any policy? Yes  No

Required an increased premium under any policy? Yes  No  Impose special conditions under any policy? Yes  No

Have you or any other directors been subject to bankruptcy? Yes  No

Do you own any other vehicles excluding private vehicles that are not insured or are insured by another policy? Yes  No

Do you have a criminal record? Yes  No

Have you ever been charged with an offence in connection with the care, control, management or use of a motor vehicle or had a driving license suspended, endorsed or cancelled? Yes  No

If 'Yes' to any of the above questions, please provide full details (attach additional pages as required)

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 .....

Are any drivers under 25 years of age or with less than 2 years driving experience in Australia? If so please provide details of driver/s and work performed.

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 .....  
 .....

**SCHEDULE OF VEHICLES**

**Please note:** All units must be insured for current market value. (Attach additional pages as required)

Year & Model	Reg. No	VIN / ENG	Type	Sum Insured (ex-gst)

Total value of above \$

Trailer in control – Number of trailers and types at any one time .....

.....

Trailer in control Sum Insured Required (Maximum per Loss) \$ .....

.....

**VEHICLE MODIFICATIONS**

Have any of the vehicles proposed been modified, altered or varied from the maker's standard vehicle production. If so, please provide full details:

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 .....

**VEHICLE ACCESSORIES**

Do you require cover for the following? Values of accessories which are nominated are to be included in the sum insured.

Tarps	Yes <input type="radio"/> No <input type="radio"/>	\$	Gates	Yes <input type="radio"/> No <input type="radio"/>	\$
Dogs	Yes <input type="radio"/> No <input type="radio"/>	\$	Chains	Yes <input type="radio"/> No <input type="radio"/>	\$
Non Removable Items (eg fixed phone, agitator, hiab crane)					
Item		\$	Item		\$
Item		\$	Item		\$

**CLAIMS/LOSSES**

Have you had any Claims/Losses, Insured or otherwise? Yes  No

Give details of any losses or accidents involving motor vehicles whether you were insured or not including those of any previous Trading Companies or Operators that you have acquired / merged with (attach additional pages as required).

Date of loss	Description of loss	Whose fault was the loss	Vehicle details	Amount of loss

**DECLARATION**

- I/We agree that this Proposal is for insurance in the normal terms and conditions of the Company's Policy, a copy of which has been provided to me at the time of signing this Proposal.
- I/We authorise Fleetsure Pty Ltd to collect or disclose any personal information relating to this insurance to/from any other insurers or insurance reference service.

Date / /

Proposer's Signature .....

- Where the answers are not in my/our handwriting they have been checked jointly and/or severally by me/us and are certified as correct.

Date / /

Proposer's Signature .....