



Locked Bag 11, Royal Exchange NSW 1225, DX 1140 Sydney
Telephone (02) 8272 4800 Facsimile (02) 9247 2411 Free Call 1800 252 263
Level 1, 210 George St Sydney NSW 2000



Truckingsolutions
OWNER-DRIVER
HEAVY MOTOR VEHICLE
APPLICATION FORM

International Insurance Company of Hannover Limited – Australian Branch (“IICH”) (ABN: 58 129 395 544) whose address is The Re Centre, Level 21, Australia Square, 264 George Street, Sydney NSW 2000 is the insurer (for 80% of the amounts payable under the policy). International Insurance Company of Hannover Limited – Australian Branch is authorised in Australia by the Australian Prudential Regulation Authority.

International Insurance Company of Hannover Limited (“Inter Hannover”) is a company registered in the United Kingdom and whose registered address is 1 Arlington Square, Bracknell, Berkshire England RG12 1WA. Inter Hannover is authorised and regulated in the United Kingdom by the Financial Services Authority.

TT Club Mutual Insurance Ltd, ARBN 129 394 618, (the Club) is the insurer (for 20% of the amounts payable under the policy). The Club is the leading provider of insurance and risk management services to the international transport and logistics industry. Established in 1968 as a mutual association, the Club specialises in the insurance of liabilities and equipment for multi-modal operators. The TT Club has offices in 22 locations around the world with over 1,000 members in 150 countries and insures 4,000 transport and logistics operations.

In Australia, the Club is authorised to carry on insurance business by the Australian Prudential and Regulatory Authority under the *Insurance Act 1973* (Cth).

The Club may be contacted at its Australian branch office at Level 10, 117 York Street, Sydney, NSW 2000, telephone (02) 8262 5000 or by email sydney@ttclub.com.

JUA Underwriting Agency Pty Ltd, ABN 70 004 566 465, (JUA) has been providing unique insurance products to the Australian market for more than thirty years. In respect of Truckingsolutions, JUA acts under a binder issued to them by the insurers. In so doing, JUA is acting as agent for the insurers and has authority to collect premiums, issue documentation, and pay claims on behalf of the insurers. JUA is regulated by the Australian Securities and Investments Commission under the *Corporations Act 2001* and holds an Australian Financial Services License (AFSL 235411).

JUA may be contacted through its Head Office at Level 1, 210 George St Sydney NSW 2000, and telephone (02) 8272 4800.



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| | |
|-----------------------|-------------------|
| COVER NOTE NO. | POLICY NO. |
|-----------------------|-------------------|

| OWNER-DRIVER HEAVY MOTOR VEHICLE INSURANCE APPLICATION FORM | | | |
|--|-----------|---------|-----------------------|
| PERIOD OF INSURANCE | From: / / | To: / / | at 4.00pm A.E.S.T. |

| | | | |
|--|------------------------------|-----------------------------|---------------------------------------|
| APPLICANT'S DETAILS | | | |
| Full Name of Insured: | _____ | | |
| Contact Person: | _____ | | |
| ABN Number: | _____ | | |
| Are you Registered for GST: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Input Tax Credit Entitlement: _____ % |
| Depot Address: | _____ | | |
| | Suburb: _____ | State: _____ | Postcode: _____ |
| Postal Address (if different to above) | _____ | | |
| | Suburb: _____ | State: _____ | Postcode: _____ |
| Contact Numbers: | Business : _____ | Mobile: _____ | |
| | Fax : _____ | Home: _____ | |
| Email Address: | _____ | | |

| | |
|--|-------|
| BUSINESS DESCRIPTION | _____ |
| (Please describe fully the nature of all operations) | _____ |

| | |
|--|--|
| PREVIOUS HISTORY | |
| Is this a new venture? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, please advise number of years in business: | _____ |
| Have you held recent comprehensive motor insurance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please advise name of Insurer and number of years continuous insurance held: | _____ |

VEHICLE DETAILS

| No | Year | Make | Model | Body Type | Registration Number | VIN | Engine Number | Carrying capacity in tonnes | Accessories | Sum Insured |
|----|------|------|-------|-----------|---------------------|-----|---------------|-----------------------------|-------------|-------------|
| 01 | | | | | | | | | | |
| 02 | | | | | | | | | | |
| 03 | | | | | | | | | | |
| 04 | | | | | | | | | | |
| 05 | | | | | | | | | | |
| 06 | | | | | | | | | | |
| 07 | | | | | | | | | | |
| 08 | | | | | | | | | | |
| 09 | | | | | | | | | | |
| 10 | | | | | | | | | | |

OTHER INTERESTED PARTIES (Please identify any vehicle subject to finance, hire purchase or similar arrangements)

| Item | Finance Company | Address | Type of Finance | Loan Number |
|------|-----------------|---------|-----------------|-------------|
| | | | | |
| | | | | |
| | | | | |

MODIFICATIONS (Please specify any modifications to above vehicles)

| Item | Modification |
|------|--------------|
| | |
| | |
| | |

OPERATIONS

Please indicate radius required:

- 0 – 150kms 151 – 300kms 301 – 600kms Over 1000kms

Full description of freight carried:

(Please note "general freight" is insufficient):

Do you carry hazardous goods?:

- Yes No

If yes, sum insured required: \$ 1,000,000 (default)
\$ _____

Type of goods: _____

Do you tow other peoples' trailers?:

- Yes No

If yes, sum insured required: \$ _____

Type of trailers: _____

DRIVING & CLAIMS HISTORY

Have you or your intended driver ever:

- a) Been fined or convicted of a speeding or other traffic offence (other than parking) within the last 5 years? Yes No
- b) Had a driving licence endorsed, suspended or cancelled? Yes No
- c) Had an insurance policy declined or cancelled, or a renewal refused? Yes No
- d) Been convicted with either prescribed concentration of alcohol offence (PCA), or driving under the influence (DUI)? Yes No
- e) Had any accidents, fires or lodged a claim in connection with a motor vehicle within the last 5 years? Yes No
- f) Suffered from any physical or mental condition which could affect their driving performance? (e.g. epilepsy, diabetes, heart condition, faulty eyesight) Yes No
- g) Ever had actual or threatened insolvency or bankruptcy? Yes No
- h) Been convicted of any criminal offences? Yes No

If you have answered "Yes" to any of the above questions please provide full details below (including date, brief description, amounts etc):

ADDITIONAL INFORMATION

Is there any additional information you should tell us that may affect our decision to insure you? Yes No

If "yes" please provide details:

Privacy Statement

We are bound by the National Privacy Principles formulated pursuant to the Privacy Act 1988 when we collect and handle your personal information.

We may collect personal information from you for the purposes of providing you with insurance products, services, processing and assessing claims. You can choose not to provide this information, however we may not be able to process your request.

We may disclose information we hold about you to another insurer, any third party who you have been dealing with in respect to this insurance policy and who referred you to us, an insurance reference service or as permitted or required by law. In the event of a claim, we may disclose information to and/or collect additional information about you from investigators or legal advisers. We may also disclose your information to our auditors or ASIC or APRA pursuant to their industry supervisory role or to any claims review body to which you may refer a claim.

We will take all reasonable steps to protect your personal information from misuse, loss, unauthorised access, modification or disclosure and to ensure that it is accurate, complete and up-to-date.

Upon request, we will make your personal information available to you (subject to the terms of the National Privacy Principles) and allow you to provide information that corrects any information that is incorrect, incomplete or out-of-date and any complaint you may have in relation to a privacy may, at your opinion, be dealt with our internal dispute resolution procedures.

Further information may be obtained from our Privacy officer:

P: (02) 8272 4809

F: (02) 9247 2411

E: privacyofficer@jua.com.au

DUTY OF DISCLOSURE

What You Must Tell Us

When answering our questions, you must be honest and you have a duty under law to tell us everything known to you, and which a reasonable person in the circumstances, would include an answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Who Needs To Tell Us

It is important that you understand that you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

If You Do Not Tell Us

If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel a policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed.

Declaration & Signature:

1. The Duty of Disclosure set out above has been read and understood by me/us.
2. All answers & statements made in this application are true and no information has been withheld which is likely to affect JUA's decision about accepting this insurance or the terms on which it has been quoted.
3. I acknowledge that JUA has the right to decline any application.

Applicant's signature: _____

Applicant's title: _____

Date: _____