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IMPORTANT NOTICE:
Please read this page together with the policy booklet before you complete the application, and retain these documents so you can refer to them again.

Please answer all questions. This will help us to process your application quickly. Please answer each question on behalf of ALL PEOPLE TO BE INSURED.

If you need more space to answer any of the questions, please attach a separate sheet of paper. Show the page number, section and question number before the information you wish to add. Any attachments will form part of this application and the declaration will include them.

What you need to tell us (Your Duty of Disclosure)

You will be asked various questions when you apply for this policy. You must tell us everything that you know, or should know, could affect our decision to insure you and/or the terms on which we insure you.

You must do this when you apply for a policy, renew your policy, and when you change or reinstate your policy. When we ask you specific questions, you must answer these questions truthfully and in a way that a reasonable person in the circumstances would answer them. It is important that every person who will be insured by the policy answers all questions in this way.

What you do NOT need to tell us

You do not need to tell us of anything that:

- Diminishes the risk
- Is of common knowledge
- We know or should know in the ordinary course of our business as an insurer, or
- We tell you we do not want to know.

This duty is a continuing duty and applies before you enter into a contract with us, that is, before we accept your proposal for insurance and each time you alter or renew your policy.

Every one named as "the insured" has the same duty. It is important that you understand you are answering our questions in this way for yourself and anyone else who you want to be covered by the policy.

What will happen if you do not tell us

If you do not tell us everything that you know or should know is relevant, or you do not answer our questions in the way we have described we may:

- Increase the Deductible or the premium to the amount it would have been if you had told us everything;
- Change the conditions on which we agree to insure you;
- Reduce or refuse to pay a claim;
- Cancel your policy.

If fraud is involved, we may refuse to pay a claim and treat the policy as never having been in place

When you are insured

Your insurance begins when we accept your application. The commencement date of your insurance will be shown on the schedule that we will send you. The insurance applies for the period for which you have paid us (or agreed to pay us) the premium.

COVER OPTIONS

Comprehensive (Comp)

Loss or damage to your vehicle up to its market value or sum insured (whichever is the lower), and liability for damages arising from loss of or damage to other persons' property up to the Limit of Indemnity, including legal costs.

Third Party Property Damage Only (TPPD)

Liability for damages arising from loss of or damage to other persons' property up to the Limit of Indemnity, including legal costs.

Standard deductibles will vary according to the type of vehicle. Age & Inexperienced Driver deductibles will apply and be shown on each policy schedule.

Vehicle finance

You need to give us details of all third parties who will have a financial interest in the vehicle (such as banks, credit unions and finance companies).

Definitions

"We", "our", or "us" means Inspac (PNG) Limited.

"You" means the person applying for this insurance.

"Deductible" means the amount you must pay towards every claim for each vehicle insured by your policy. Age or inexperienced drivers deductible: If the person in control of the vehicle at the time of a claim is under 25 years of age or has held a Papua New Guinea driving licence for less than one year then a deductible in addition to the standard deductible will apply to that claim.

Applicant's Initials:

Applicant(s) Details

Name of registered owner of the vehicles (known as 'the insured'):			
Is the owner registered for GST?:			
Address of registered owner:			
Postal address for notices <i>(if different from above):</i>			
Contact Phone number(s):	Private/Mobile		
Email:	Business	Fax	
Type of Business/Occupation:			
List of all subsidiary companies for which cover is required:			

Vehicle use	Please tick		
Is your vehicle registered in the name of a business, company or partnership?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'yes', do not complete this application. <i>Instead, please complete the Commercial motor vehicle proposal form.</i>
Will the vehicle be used to carry passengers for payment? <i>(Do not include private pooling arrangements or travelling allowance paid by your employer)</i>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'yes', do not complete this application. <i>Instead, please complete the Commercial motor vehicle proposal form.</i>
Will the vehicle be used to carry goods for payment?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'yes', do not complete this application. <i>Instead, please complete the Commercial motor vehicle proposal form.</i>
Will the vehicle be used for any other purpose <u>other than for private use</u> ? <i>Private use means for:</i> – social, domestic, pleasure purposes and travel to and from work; plus – a small amount of time being spent using your vehicle for business or work purposes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If 'yes', do not complete this application. <i>Instead, please complete the Commercial motor vehicle proposal form.</i>

Previous experience

1. In the last five (5) years, have you or any person who will or is likely to drive any of the vehicles listed:	Please tick	(If 'Yes', provide full details of the accident, loss, conviction etc including the name of driver, dates, insurer name, person at fault)
a. Had any insurance declined or cancelled, proposal rejected, renewal refused, claim rejected, special conditions or deductible/excess imposed by an insurer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Been involved in a motor vehicle accident, had a vehicle burnt or stolen, or made a claim under a motor insurance policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Had a drivers or motorcycle licence cancelled, suspended, endorsed or not renewed, or been disqualified from holding a driver's licence for any period?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. In the last five (5) years, have you or any person who will or is likely to drive any of the vehicles listed convicted or charged with, or had any fines or penalties imposed for:	Please tick	(If 'Yes', provide full details of the conviction etc including the name of the person at fault)
a. Drug use, driving under the influence, or exceeding the prescribed concentration of alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. Any driving offences or speeding infringements (other than parking offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Fraud, arson, theft, violence against any person or property or any other criminal offence (other than minor traffic offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. In the last five (5) years, have you or any of the partner(s), shareholder(s) or director(s) of the business to be insured:	Please tick	(If 'Yes', provide full details of the conviction etc including the name of the person at fault)
a. Ever been declared bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Been convicted of any criminal offence within the past 5 years (other than minor traffic offences)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. Been liable for any civil offence or pecuniary penalty (exceeding K 5,000)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Do any of the listed drivers suffer from any physical or mental disability or any medical condition which could affect their driving performance? If yes, please give details and provide a medical certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If insufficient space, please attach a sheet with the relevant information</i>		

VEHICLE DETAILS		
Type of cover required		
You may choose from 2 different types of cover. Please refer to the policy wordings for full details of the cover provided by each type of insurance. Please tick one box only to indicate the type of insurance you require.		
1. Comprehensive (includes third party cover)	<input type="checkbox"/>	
2. Third Party Property Damage (legal liability)	<input type="checkbox"/>	
Period of insurance:	From ____ / ____ / ____ to ____ / ____ / ____	At 4:00 pm, L.S.T
Year of Manufacture:		
Make:		
Model:		
Registration Number:		
Engine Number:		
VIN/Chassis Number:		
Type of Body: (e.g. Sedan, Hatch, Utility, Station Wagon, Van, Tray)		
Number of doors:		
Engine Capacity/Number of cylinders:		

Size in litres:			
Auto or Manual:	<input type="checkbox"/>	<input type="checkbox"/>	
	Auto	Manual	
Transmission — 3, 4,5 or other speed:			
4 Wheel Drive:	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Air Conditioning:	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
Fuel type (petrol/diesel/hybrid/electric)			
Date of Purchase of vehicle:	/	/	
Purchase Price (excluding any trade-in):	K		
No Claim Bonus %		%	
(attach renewal notice or other proof):			
Accessories			
Please provide values and details of any non-factory optional extras or accessories installed which enhance the vehicles value or appearance (e.g. navigation system, alloy wheels, tinted windows etc) or cover for equipment such as chains, tarpaulins, fences, gates, special tool kits etc. Attach a list if necessary.			
<i>Please note there is no cover for accessories that aren't declared and agreed. If insufficient space, please attach a sheet with the relevant information.</i>			
	Description of accessory	Date of conversion	Current value (K)
	Total value of accessories (K)		
Vehicle Modifications			
If vehicle has been modified to:	Description of modification	Date of conversion	Current value (K)
a. Improve performance or speed by the following: <ul style="list-style-type: none"> Modification to the engine, fuel or exhaust systems? Performance enhanced suspension or wheels? Flared guards, spoilers or air scoops? Please provide details, or 			
b. Incorporate special equipment such as built-in hoist, freezer unit, or other specific changes? please provide details.			
<i>Please note there is no cover for modifications that aren't declared and agreed. If insufficient space, please attach a sheet with the relevant information.</i>			
	Total value of accessories (K)		
Current Market Value—Proposed Sum Insured (Including accessories and modifications)	K		
Is the vehicle financed ?	<input type="checkbox"/>	<input type="checkbox"/>	
	Yes	No	
If Yes, please:			
a. Advise the type of finance e.g. lease, hire purchase, secured or unsecured bank loan, bill of sale etc.			
b. Name and address of finance provider.			

Has the vehicle any existing or unrepaired damage, e.g. dents, scratches, rust or hail? If 'Yes', please provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the vehicle maintained in a roadworthy condition, in working order, free from mechanical defects and in an undamaged condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the vehicle manufactured from a kit, reconstructed from parts or home made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Where is the vehicle stored/garaged overnight?	<input type="checkbox"/> Garage <input type="checkbox"/> Carport <input type="checkbox"/> Driveway <input type="checkbox"/> Street <input type="checkbox"/> Other (please specify)
Where is your vehicle usually parked during the day?	<input type="checkbox"/> Covered car park <input type="checkbox"/> Uncovered car park <input type="checkbox"/> Security car park – under cover <input type="checkbox"/> Security car park – not covered <input type="checkbox"/> Covered car park <input type="checkbox"/> At home <input type="checkbox"/> Street <input type="checkbox"/> Near railway station <input type="checkbox"/> Other (please specify)
Is the vehicle fitted with any of the following security devices? Please tick	<input type="checkbox"/> Alarm system <input type="checkbox"/> Engine mobiliser <input type="checkbox"/> Tracking system <input type="checkbox"/> Transmission lock <input type="checkbox"/> Other (please specify)

NOMINATED DRIVER DETAILS

We need to know of everyone who will be driving the vehicle(s). If during the currency of the policy, any person under 25 years of age becomes a driver of the vehicle you must inform us immediately.

Regular Driver(s) Name(s)	Class of License	Age	Date of Birth	No. of years Licensed
			/ /	
			/ /	
			/ /	

If insufficient space please attach a sheet with the relevant information

Details of under 25 and over 80 years of age drivers

You must advise details on all drivers under the age of 25 or over the age of 80 who will drive any of the vehicles to be insured:

Driver's Full Name(s)	Age	Date of Birth	Advise Registered numbers of all vehicles these drivers will drive

Are there any exceptional circumstances relating to the risk to be insured that you have not already told us about, and that you know or should know may affect our decision to insure you ? If Yes, please provide details on a separate page and attach to this application.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Details of previous insurance				
Have you had motor vehicle insurance previously?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Has the vehicle listed been uninsured for more than the past 30 days?			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
Previous insurer	Policy number	Expiry date	Type of policy (Comprehensive or Third Party Property Damage)	Current no claim bonus or rating
Do you currently have a No Claims Bonus entitlement for any vehicle for which you are now applying for Comprehensive cover? If Yes, attach the previous insurer's expiry or renewal notice. If the previous insurer's notice is for a different vehicle, do you still own that vehicle?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If insufficient space please attach a sheet with the relevant information</i>				

Other optional covers	
You can choose to broaden the scope of your cover by adding one or more of the following options. An extra premium is payable for this cover. These options are only available where you select 'Comprehensive cover'.	
Optional cover	1. Indicate by (tick) if you require cover
1. Rental vehicle following accident	<input type="checkbox"/>
2. No Claims Bonus protection	<input type="checkbox"/>

Premium & Deductible Terms (OFFICE USE ONLY)			
Premium		Deductible to	
Premium	K	Standard Vehicle	K
StampDuty	K	Theft	K
Total Premium & Stamp Duty	K	Driver (Under Age 21)	K
GST	K	Driver (Age 21-25)	K
ICLevy	K	Unlisted driver	K
TOTALPAYABLE	K	Other (towing/special etc)	K

SIGNATURE AND DECLARATION	
Statement to be signed by the applicant(s)	
This declaration applies to all the insurance you are applying for in this proposal.	
I/We declare that:	
<ul style="list-style-type: none"> I/We have received a copy of the Policy Document which sets out the terms and conditions which apply to this insurance; I/We have read the important notices on the first page of this proposal concerning my/our duty of disclosure, cover options, vehicle finance, definitions and deductibles, and that if I/We have not complied with my/our duty of disclosure my/our claim may not be met; I/We have answered every question fully, truthfully and frankly, and no information has been withheld which is likely to affect Inspac's decision about accepting this insurance; I/We have either completed this proposal form personally or, if it has been completed by somebody else, I/we have checked that the questions have been fully and accurately answered; I/We acknowledge Inspac reserve the right to decline any application; that I/We have fourteen (14) days to read the policy and if I/We are not satisfied with the conditions I/We can cancel this insurance in writing and receive a full refund of any premium paid; If anything happens during the period of insurance which alters any of the information I/We have provided, I/We will promptly inform Inspac (PNG) Limited. 	

By signing this proposal, I/We authorise Inspac to:

- obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- make enquiries from third parties to verify claims history and other information I have provided;
- disclose my claims history to any insurance agent I appoint or to any of my former or future insurers;

Note: Please be aware that our ability to check and verify information does not relieve you of your obligation to disclose the truth to us.

Applicant's Signature:		Date:	/ /
Name of Applicant 1:			
Applicant's Signature:		Date:	/ /
Name of Applicant 2:			

**Completion of this form does not provide insurance until a Schedule of Insurance has been issued.
Please indicate the number of additional pages attached to this application.**

When complete, please forward this application to:

Inspac (PNG) Limited

P.O. Box 1383, Port Moresby, National Capital District

3rd Floor, Pacific Place Building

Telephone: 3211382, Fax: 3211386

Email: insurance@inspacpng.com.pg