

PARTICULARS OF NAMED DRIVER: (TO BE COMPLETED ONLY IF PROPOSER IS AN INDIVIDUAL)

Name	Date of Birth (dd/mm/yyyy)	Gender	Driving Experience	Occupation

PREVIOUS INSURANCE

No Claim Discount Entitlement to be transferred to this policy: _____ %	
Name of Insurer:	Policy No.:
Expiry Date:	Vehicle Registration No.:

CLAIMS HISTORY OF PROPOSER AND MAIN / AUTHORISED DRIVER(S) (LAST 3 YEARS):

No.	Date of Accident	Name of Insurance Company	Details of Claims	Claim Amount
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

ADDITIONAL INFORMATION: (IF THE ANSWER TO ANY QUESTION IS "YES", PLEASE GIVE FULL DETAILS ON A SEPARATE SHEET OF PAPER.)

1.	Has any person who will be driving the vehicle been in any motor accident for the past 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any person who will be driving the vehicle been convicted of or having prosecutions pending for any motoring offences (other than parking offences) in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Has any person who will be driving the vehicle suffer from any disease or infirmity that could impair the ability to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has your vehicle been modified/alterd from the original manufacturer's specification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Has any of your motor insurance proposal been declined, cancelled or renewal rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERSONAL DATA COLLECTION STATEMENT

To evaluate, process and administer this application or transaction, it is necessarily for us to collect, use, disclose and/or process your personal data or personal information about you. Such personal data includes information collected in this form, or in any document provided, or to be provided to us by you or from other sources.

A. Purpose of Collection

The personal data belonging to you and your insured/s may be collected, used and disclosed for the purposes of:

- carrying out identity checks;
- deciding whether to insure or continue to insure you and your insured persons;
- providing advice for product recommendation based on your profile;
- processing any claims under your policy, including the settlement of claims and any necessary investigations relating to the claims;
- communicating on any matters relating to the services and/or products which you are entitled to under this policy;
- responding to your inquiries or instructions and providing ongoing services, under your policy;
- making or obtaining payments and recovering any debt owed to us;
- detecting and preventing fraud, unlawful or improper activities;
- conducting market research and statistical analysis;
- coaching employees for customer service quality assurance;
- reinsuring risks and for reinsurance administration; and
- complying with all applicable laws, including reporting to regulatory and industry entities.

B. Disclosure of Data

The personal data belonging to you and your insured/s may be disclosed for the purposes set out in Section A above to the parties below:

- Third party service vendors, suppliers, agents, reinsurers, or intermediaries;
- Medical Professionals and Institutions;
- Local or overseas service third party vendors that provide us with services such as printing, mail distribution, data storage, data entry, marketing and research, disaster recovery or emergency assistance services;
- Debt collection agencies;
- Dispute resolution parties;

