



# PROPOSAL FORM AND IMPORTANT NOTICES

## MOTOR CAR AND MOTORCYCLE INSURANCE



**Car | Bike | Truck**

Call **1300 650 670**, visit [rynoinsurance.com.au](https://rynoinsurance.com.au) or email [hello@rynoinsurance.com.au](mailto:hello@rynoinsurance.com.au)

Ryno Insurance Services is a division of East West Insurance Brokers Pty Ltd. ABN 83 010 630 092, AFS Licence No. 230041 acts under a binding authority agreement on behalf of certain Underwriters at Lloyd's.



East West Insurance Brokers Pty Ltd Trading  
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Coopers Plains Qld 4108  
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## IMPORTANT NOTICES

*Please read these notices carefully. If you have any questions, please contact us.*

### *The Insurer's Agent*

Ryno Insurance Services, a specialist division of East West Insurance Brokers Pty Ltd, (we, us) act under a binding authority given to us by the insurer/s to arrange, issue and administer policies. When acting under such authorities, we act on behalf of the insurer/s and not for you.

### *Your Duty of Disclosure*

You have a Duty of Disclosure under law which requires that before a policy is entered into, renewed, varied, extended or reinstated, you must give us certain information we need to decide whether to insure you and anyone else under the policy, and on what terms

Before you enter into an insurance contract, you have a duty of disclosure under the Insurance Contracts Act 1984.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. You have this duty until we agree to insure you.

You have the same duty before you renew, extend, vary or reinstate an insurance contract.

Upon renewal of this policy, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change. You have this duty until we agree to renew the contract.

### *New Policy*

Where you are entering into this policy for the first time, that is, not a policy renewal or variation, you must tell us everything you know and that a reasonable person in the circumstances could be expected to tell us, in answer to the questions we ask. When answering our questions you must be honest. It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

### *Policy Renewal and Variations*

You are required before you renew, vary, extend or reinstate your policy, to tell us everything you know and that a reasonable person in the circumstances could be expected to know is a matter that is relevant to our decision whether to insure you, and anyone else under the policy, and if so, on what terms. In particular for motor vehicle insurance, driving offences, traffic infringement fines or penalties, and the like received during the insurance period need to be disclosed to us prior to any policy renewal or variation.

### *If you do not tell us something*

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

### *Change of your risk and/or circumstances*

Advise us immediately of any change to the risk or your circumstances e.g. change of vehicle, driver's traffic history including licensing conditions, criminal convictions and bankruptcy, driver's claims history, garaging location, modifications and accessories.

### *Cooling-off – in respect of retail contracts only*

You are entitled to a minimum 14-day cooling-off period from the date cover commences during which you may return the policy and receive a premium refund (less amounts lawfully deducted). This is subject to legal requirements and terms and conditions of the policy. You should check your PDS/Policy Wording and schedule/certificate of insurance when you receive it to be sure you have the cover you need.



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### *Refunds and Our Remuneration*

We reserve the right to retain any commission paid by the insurer or any fee paid by you in relation to any refund premium applicable to any policy transaction, other than under Cooling-off as above.

### *Privacy*

We are committed to protecting your privacy. We use the information you provide to advise about and assist with your insurance needs. We provide your information to insurance companies and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to an overseas insurer (like certain Underwriters at Lloyd's) if we are seeking insurance terms from an overseas insurer, or to reinsurers who are located overseas. We also provide your information to the providers of our policy administration and broking systems that help us to provide our products and services to you. These policy administration providers and broking systems may be supported and maintained by organisations in New Zealand, the Philippines and Vietnam and your information may be disclosed to those organisations. Please note that the Privacy Act and Australian Privacy Principles may not apply to these organisations. We will try to tell you where those companies are located at the time of advising you. We do not trade, rent or sell your information.

If you do not provide us with full information, we cannot properly advise you, seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by phone 1300 650 670, email [privacy@rynoinsurance.com.au](mailto:privacy@rynoinsurance.com.au) or visit our website [www.rynoinsurance.com.au](http://www.rynoinsurance.com.au)

### *Your satisfaction*

If you have any complaints about how we handle your personal information or about our service or advice, please let us know. We have internal dispute resolution procedures in place.

As agent to insurer/s, any complaint about policies and associated service may also be handled under the relevant insurer's internal dispute resolution procedures, and the external dispute facility for insurers and consumers, which is the Australian Financial Complaints Authority (AFCA). Further details can be viewed in each Product Disclosure Statement and our Complaints and Disputes Policy, both located on our website [www.rynoinsurance.com.au](http://www.rynoinsurance.com.au). You can also call us or the insurer/s for a copy of the relevant Complaints Policy



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## THE APPLICANT

Full Name <i>(Must be the same as the registered owner)</i>					
Postal Address		Suburb		Postcode	
Residential Address		Suburb		Postcode	
Home phone	Work Phone		Mobile		
Fax		Email			
Date/s of Birth		Occupation/s			

## THE COVER

Period Of Insurance	From	To									
What Type of Cover? (Please Tick)	<input type="checkbox"/> Comprehensive - Regular Use <input type="checkbox"/> Comprehensive - Limited <8,000kml per year** <input type="checkbox"/> Comprehensive - Extreme Limited <4,000kml per year	<input type="checkbox"/> Comprehensive – Concessional Cover <input type="checkbox"/> Third Party Property Liability Only \$20,000,000									
Do you require Laid Up Cover? (Fire, Theft, Transporting, Flood, Malicious Damage – See PDS)	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
Do you require seasonal cover? If “yes”, please circle up to 5 months your vehicle will not be driven/ridden.	Yes <input type="checkbox"/>	No <input type="checkbox"/>									
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<i>Your cover is limited to Laid Up Cover for the nominated months. If you drive your vehicle on the road under its own power during those months, you will be uninsured.</i>											

## VEHICLE DETAILS

Year	Make	Model
Engine Capacity & Cylinders	Registration Number	Vin/Chassis Number
Engine Number	Purchase Date	Purchase Price
Has your vehicle been modified?  Modifications: Means that your vehicle has alterations to the engine, drive train, suspension or wheels other than by the manufacturers design.	Yes <input type="checkbox"/> No <input type="checkbox"/>	If “Yes” describe the modifications and their values.

Does your vehicle have any non-standard accessories.  Accessories: An accessory is an item fitted by a dealer or non standard item or items not fitted by the manufacturer, such as tinted windows, alloy wheels and other fixed items which do not affect the performance or handling of the vehicle.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes" describe the modifications and their values.	
Do you have a security device fitted to your vehicle, in good working order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If "Yes" please provide details.	
At which value do you wish to insure your vehicle*? (Including modifications and accessories i.e. Proposed Agreed Value) <b>* If on 4x4 Choice Policy - Only Market Value is applicable.</b>				\$ <input style="border: 2px solid orange;" type="text"/>
Finance	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Finance Type?	
Finance Company			Name & Address	
Do you require Finance Gap Cover? (Pays up to 75% difference of the sum insured against the finance contract value). An additional premium will apply.			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Previous Insurer			Policy Number	
Has the vehicle been <u>un</u> insured during the last 30 days?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" Please provide details				
Are you entitled to a No Claim Bonus or Discount?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Nil / 6	20% / 5	30% / 4	40% / 3	50% / 2
Please attach confirmation of your NCB/NCD to this proposal form from your previous insurer.				

### VEHICLE USE

What purpose will you use your vehicle?	<input type="checkbox"/> Private <input type="checkbox"/> Wedding Hire <input type="checkbox"/> Other Business (describe)	How often is your vehicle driven?	<input type="checkbox"/> Regularly (more than twice per week) <input type="checkbox"/> Once or twice a week (up to 8,000km annually) <input type="checkbox"/> Once a month or less (up to 4,000km annually) <input type="checkbox"/> Never (on site cover only)
Is the vehicle in good repair (except if you want Laid Up Cover)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the vehicle been recently restored?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have experience of owning &/or driving this type of vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of a motor enthusiast club?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Where is the vehicle parked overnight?	<input type="checkbox"/> Driveway <input type="checkbox"/> Carport <input type="checkbox"/> On Street <input type="checkbox"/> Garage with locking doors		
Garaged Address			Postcode
Where is the vehicle parked during the day?	<input type="checkbox"/> Driveway <input type="checkbox"/> Carport <input type="checkbox"/> On Street* <input type="checkbox"/> Garage with locking doors <small>* Please note street parking over night is unacceptable</small>		
Address			Postcode

### ALL PEOPLE WHO WILL DRIVE YOUR VEHICLE

You must nominate all regular drivers i.e. those who will drive the vehicle more than 12 times a year.

Surname	Given Name	Date of Birth	Year Licence Obtained	Licence No	% use of vehicle

### IN THE LAST 5 YEARS HAVE YOU OR ANY OTHER PERSON LIKELY TO DRIVE/RIDE YOUR VEHICLE

Made a claim on any motor insurance policy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Suffered a loss or damage to a motor vehicle for which you did not claim or were not insured for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered "Yes" to either question please describe the circumstances below.

Details of Loss	Driver's Name	Person at Fault	Cost	Date of Loss	Insurer

In the last 10 years, have you or any other person likely to drive/ride your vehicle, been convicted of, or had any fines or penalties imposed for any crime.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Had any traffic offences, charges, infringements, convictions or disqualifications (excluding parking fines)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Date of Incident	Person Involved	Details of Charges, offences, infringements, convictions or disqualifications	Amount of fine, penalty or disqualification period

Suffer from any illness or disability, likely to affect driving/riding ability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes" Please provide details.

Had any claims refused, insurance policy declined, cancelled or had special terms imposed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes" Please provide details.

Declared Bankrupt and not discharged within the last 12 months, or currently involved in bank-ruptcy or repossession proceedings.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If "Yes" Please provide details.

**DECLARATION**

I declare that:-

- I have received a Product Disclosure Statement/Policy and understand that if my proposal is accepted, the cover is subject to the terms and conditions of this Policy or as specifically varied by the insurer or its agent in its quote.
- I have read the Important Notices including Duty of Disclosure and I understand that if I have not complied with that Duty, my claims may not be met or my policy may be cancelled.
- Information about the Privacy Act 1988 and collection, storage, use and disclosure of personal information has been made available to me;
- I have answered every question fully and correctly and if during the period of Insurance, circumstances alter the information, I will notify you.
- I realise that by signing this proposal form and declaration, I authorise the insurer and its agents to make enquiries from third parties to verify claims history and other information relied upon;
- I have either completed this proposal form personally, or if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

Applicant's Signature:\_\_\_\_\_

Date: / /

Applicant's Signature:\_\_\_\_\_

Date:\_\_\_ /\_\_\_ /

[Ryno Proposal Form Ref 0908]