

# transit australia

## application

### Section 1 applicant details

Applicants name (include Subsidiary Companies)

ABN Number

Address



State

Postcode

Telephone No.

Fax No.

Email

Web site address

Description of the business






How long has the business been established?

years

Cover requested

from  /  /  to  /  /  @ 4:00pm

Description of the goods/merchandise/livestock to be insured:

Usual Packing

Method of transport

Do you carry the goods in your own vehicles?

No

Yes

If Yes, what

%

Do you wish to insure Travellers' Samples?

No

Yes

If Yes, value per vehicle

\$

How many vehicles are used at any one time?

What are the overnight security arrangements?





Geographical limits requested

From

To

Proposed sum insured any one transit

Do you wish to bear an excess?

No

Yes

If Yes, how much?

\$

**Section 1 applicant details (continued)**

DO YOU WISH TO INSURE

		Estimated annual value of general merchandise.	Estimated annual value of temperature controlled goods.
Purchases?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	\$
Sales?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	\$
Return Goods in?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	\$
Return Goods out?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	\$
Stock transfers?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$	\$
<b>TOTAL</b>		\$	\$

DO YOU WISH TO INSURE all movements of livestock that you

		Estimated annual value
Purchase at auction?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$
Send to auction?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$
Sell privately?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$
Buy privately?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$
Move for agistment?	No <input type="checkbox"/> Yes <input type="checkbox"/>	\$
<b>TOTAL</b>		\$

Do you require Accidental Damage cover? No  Yes  Or Limited Conditions No  Yes

**Section 2 previous insurance**

	Current year	Previous year 1	Previous year 2
Total value insured			
Value of claims paid & outstanding			
Number of claims			
Name of Insurer			
Amount of Policy Excess			

**Section 3 additional information**

In the last five years, has any Insurer declined or cancelled Insurance, refused to invite renewal, or imposed any special conditions on any of the applicants above?

No  Yes  If Yes, to any of these, please provide full details

Is the property insured:

- a) predominantly and  personal, domestic or household purposes, or
- b) ordinarily used by the insured, a relative of the insured or any person with whom the insured resides, for:  commercial, retail, business, or any other purpose not described above?

Are there any circumstances that would increase the risk of loss or damage to your property whilst in transit, import or export?

No  Yes  If Yes, what are those circumstances?

**Privacy statement**

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

**Purpose of collection**

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you, including:

- evaluating your application,
- evaluating any request for a change to any insurance provided,
- providing, administering, and managing the insurance services following acceptance of an application and
- investigating and, if covered, managing claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

**Disclosure**

We may disclose your personal information (and receive personal information from), when necessary and in connection with the purposes listed above, to other members of the group of companies to which we belong, your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

**Consequences if information is not provided**

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

**Access**

You can request access to the personal information by contacting Vero Insurance Limited.

**Privacy Statement issued**

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

**Other offers**

We would like to use your personal information to keep you up to date with the range of other products and services available from us or other members of the group. We may give your personal information to our agent or your broker to enable us to send you this information.

Please tick this box if you do not consent to receive this information.

You have a legal duty of disclosure to us whenever you apply for, or change an insurance policy.

**What you must tell us**

You have a general duty to disclose to us everything that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you, and, if we do, on what terms.

However, your duty does not require you to disclose anything:

- that reduces the risk to be undertaken by us,
- that is generally well known,
- that we know or, in the ordinary course of our business, ought to know, or
- in respect of which we have waived your duty.

**Your general duty applies to changes**

Your general duty applies in full when you change an existing policy including when you extend or reinstate it.

**Your general duty is limited for new policies**

When you apply for a new policy your duty of disclosure applies, but you do not need to disclose something to us unless we specifically ask you about it. However, you must be honest in answering any questions we ask you. You have a legal duty to tell us anything you know, and which a reasonable person in your circumstances would include in answering the questions. 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 you are disclosing to us and answering our questions for yourself and anyone else you want to be covered by the policy.

**If you do not tell us**

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim or may cancel the policy. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the policy as never having existed.

**Section 6 your declaration**

- A. to the best of my/our knowledge and belief the information provided in this application is true and correct in every respect and no relevant information has been withheld
- B. I/we understand this insurance is not in force until Vero National Marine, a division of the insurer Vero Insurance Limited ABN 48 005 297 807, accepts this application.
- C. I/We understand that any statement made in this application will be treated as a statement made by all the people to be insured. This declaration is signed by or on behalf of all applicants.

**For personal applicants**

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- you sending me information about other products and services, unless I have declined 'Other offers', and the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

**For all applicants**

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Signature of Applicant(s)		Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>
		Date <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/> / <input style="width: 40px;" type="text"/>

**Where You Can Contact Us:**

**New South Wales**

Locked Bag 25  
Australia Square  
NSW 1215  
Telephone 02 9295 4422  
Facsimile 02 9295 4222

**Queensland**

GPO Box 537  
Brisbane  
QLD 4001  
Telephone 07 3246 6111  
Facsimile 07 3246 6126

**Western Australia**

PO Box B78  
Perth  
WA 6838  
Telephone 08 9211 4199  
Facsimile 08 9211 4198

**Victoria**

PO Box 294  
Collins St West  
VIC 8007  
Telephone 03 9245 8300  
Facsimile 03 9245 8337

**South Australia**

GPO Box 1619  
Adelaide  
SA 5001  
Telephone 08 8205 5175  
Facsimile 08 8205 5179