

Domestic Goods Removal and Storage insurance proposal.

Cartage and Removals Transport Storage (CARTS)



Allianz 

Policy Number

Important Notices.

Please read this section before completing this Proposal

Your Duty of Disclosure.

Before You enter into this insurance contract with Us for the first time, the Insurance Contracts Act 1984 requires You to provide Us with the information We need to enable Us to decide whether and on what terms Your Proposal for insurance is acceptable and to calculate how much premium is required for Your insurance.

You will be asked various questions when You apply for this Policy. When You answer these questions, You must:

- give Us honest and complete answers;
- tell Us everything You know; and
- tell Us everything that a reasonable person in the circumstances could be expected to tell Us.

You do not need to tell Us about any matter:

- that diminishes Our risk;
- that is of common knowledge;
- that We know or should know as an insurer; or
- that We tell you We do not need to know.

Who does the duty apply to? Everyone who is insured under the Policy must comply with the relevant duty.

What happens if You or they breach the duty? If You or they do not comply with the relevant duty, We may cancel the Policy or reduce the amount We pay if You make a claim. If fraud is involved, We may treat the Policy as if it never existed and pay nothing.

Duty on renewals, variations and reinstatements: A different duty applies for any variation or renewal or reinstatement of the Policy. Please refer to Your Policy Document for this duty.

Privacy Act 1988.

The Privacy Act 1988 requires Us to tell You that as an insurer We collect Your personal and other information in order to:

- decide whether to issue a Policy;
- determine the terms and conditions of Your policy;
- compile data; and
- handle claims.

We disclose personal information to third parties who We believe are necessary to assist Us and them in providing the relevant services and products. For example, in handling claims, We may have to disclose Your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law. We limit the use and disclosure of any personal information provided by Us to them to the specific purpose for which We supplied it.

You have the right to seek access to Your personal information and to correct it at any time. Please contact us on 13 2664, EST 8am-6pm, Monday-Friday and advise Us of any changes. If You do not agree to

the collection of Your personal information then, unfortunately, We will be unable to process Your Proposal.

From time to time We may advise or offer You information on other Allianz products or services that may be relevant and of interest to You. If You do not wish to receive these offers or information please call the Allianz Direct Marketing Privacy Service Line on 13 2664, EST 8am-6pm, Monday-Friday.

How to fill out this Proposal.

For questions with multiple choice answers, please tick the box in front of the correct answer. For other questions, please write the information requested in the spaces provided.

Make sure You have read the Policy Document provided. If You require another copy of the Policy Document or any assistance, please contact Your insurance broker or agent.

Definitions.

"We", "Our", "Us" or "Allianz" means Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 (except in the declaration).

"You", "Your" means the person proposing for this insurance and any person seeking to be named on the Schedule.

"Excess" means either the amount of money specified in the Schedule or otherwise stated in the Policy for each cover option selected that You must contribute as the first payment for all claims arising out of one event.

"Professional Storage and Self Storage Location" means one which advertises its storage services and is currently authorised by government and/or semi-government authorities to provide storage and/or self storage facilities to the general public.

How to finalise cover.

- Complete and sign this proposal
- Post to CARTS at PO Box 516 Ferntree Gully Vic 3156
- Payment – by cheque.
- Payment – by credit card (Bankcard, Mastercard, Visa)

Cardholder's Name

Signature

Credit Card No.

Amount \$

Expiry Date /

(Office Use Only) Date Proposal received ____/____/____ Time ____ AM / PM Policy number

Broker/agent Broker/agent account number

Cover note number Replacing Policy number State

Removals & Storage

Period of Insurance.

From _____ am/pm on ____ / ____ / ____ to 4pm on ____ / ____ / ____

Proposer/s general information.

1. Your name: _____ Mr/Mrs/Miss/Ms/Dr: _____
Company name: _____ ABN: _____
Are You registered for GST? Yes No What is your ITC percentage? _____ %
2. Phone: Business: () _____ Home: () _____ Mobile: _____
3. Postal address: _____
_____ Postcode: _____

Transit details.

1. Point of transit address _____

2. Transit destination address _____

3. Will your contents be moved professionally? Yes No
4. Will your contents be packed professionally? Yes No
5. What date will the transit commence and end? From ____ / ____ / ____ to ____ / ____ / ____
6. Total replacement value of contents to be insured \$ _____
7. Is storage cover required? (only available if goods are stored in a professional storage location) Yes No
If Yes, specify period storage cover is required: _____ From ____ / ____ / ____ to ____ / ____ / ____
- Name & Address of Storage Location _____
_____ Postcode: _____
- Total replacement value of goods to be stored \$ _____

Cover Option required.

- Cover Option A This cover is only available if you are contracting your movement of goods with a professional removalist.
- Cover Option B This cover is available if you are moving the goods yourself OR using a professional.

Declaration.

I/We declare and agree:

- that I/We have received or have been offered a copy of this Policy Document;
- that I/We have read the information concerning the Duty of Disclosure and other Important Notices;
- that I/We have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the acceptance of this insurance;
- that I/We have either completed this form personally or, if it has been completed by somebody else, have checked that the questions have been fully and accurately answered;
- where personal information has been provided on someone else's behalf, that that person consented to this provision;
- that I/We have read and understood the Privacy Act 1988 information and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this Proposal.

If anything happens during the Period of Insurance, which alters any of the information provided, I/We will promptly inform the insurer.

I/We realise that if I/We have not complied with the Duty of Disclosure, any claims may not be met.

Proposer's signature: _____

Date: _____

Second Proposer's signature: _____

Date: _____

Please check that this document has been fully completed.