

# household removals insurance

## domestic and overseas application form

Before you apply, it is important that you read the policy booklet (including the Product Disclosure Statement) which is available at: [www.veronationalmarine.com.au](http://www.veronationalmarine.com.au) carefully to make sure that:

- you know all your contractual rights and obligations
- the policy gives you the protection you need
- you know the limits on what we will pay you under the policy
- you understand the terms and conditions under which we will insure you
- you answer all questions in this form accurately and completely

Please complete this application and return it to us. If we accept your application, and you accept our premium quote, we will issue your schedule. This then forms a contract between you and the insurer Vero Insurance Limited ABN 48 005 297 807. Vero National Marine is a division of the insurer.

Please remember, if more than one person's property is covered by the policy, we will treat a statement or claim, or an act or omission, by any one of those persons as a statement or claim or an act or omission by all of those persons.

### Section 1 applicant details

Full Name(s) of the Proposer(s)

What address should we mail your schedule to?

State

Postcode

Removalists name

Ships or Airlines name (if applicable)

Transit from

To

Approximate removal date

 /  / 

Is storage cover required? No  Yes  If Yes, storage address

State

Postcode

Storage dates:

 /  /  to  /  /  (max 180 days)

Will professional packers prepare your property for transit / storage?

No  Yes

Are there any circumstances that would increase the risk of loss or damage to your property in transit or storage?

No  Yes  If Yes, what are those circumstances?




### Section 2 excess

You can reduce your premium by electing an excess.

If you wish to do so, what is the excess you are willing to accept (if you do not complete this section the policy is excess free)?

\$

### Section 3 sum insured options

You have the right to select how we will settle your claims. We offer you two options: (Please tick your requested option)

**A. Current Value settlement**

You agree to insure your nominated property in transit for their current new replacement value less a reasonable allowance for age, condition, wear, tear and depreciation.

**Section 3 sum insured options (continued)**

**B. New Replacement Cost (up to 10 years old) settlement (NOT AVAILABLE ON MOTOR VEHICLES)**

You agree to insure your nominated property (other than motor vehicles) which are no more than 10 years old for their full new replacement cost. For any property that is more than 10 years old, you agree to insure them for their current value (see Option A above).

**Subject to you declaring these values in this application, we will settle your claims based on the option you select.** You should insure for the full value as per the option you select. If you do not do so, what is known as coinsurance, under-insurance or average will apply. If you insure your property for less than 80% of its actual value, determined by using the sum insured option you have selected, you will only be entitled to recover the proportion of any claim that the sum insured bears to 80% of the actual value. You should retain any documentation that supports the description and value of the property insured. This will assist you in the event of a claim.

**Section 4 what property can you insure**

You can insure the property you describe below, however you can not insure cash, bank notes, credit/debit cards or similar, stamp, coin or other collections, jewellery, securities or documents of value (even if they are described below.)

**Living plants or animals may be insured, however cover is limited to "Specified Events" cover as detailed herein even if you elect "All Risks" cover. If you do not include a value against a category, we do not insure that category of property.**

	Category	Total Value
1	Blankets, Bedding & Linen	\$
2	Works of Art, Paintings & Sculptures	\$
3	Televisions, Videos, Sound Equipment, Computers, etc	\$
4	Household appliances, incl. microwaves, refrigerators, washing machines etc	\$
5	Cutlery, Silverware, & Kitchen Utensils	\$
6	Dining Room Furniture	\$
7	Lounge Furniture	\$
8	Bedroom Furniture	\$
9	Other Furniture	\$
10	Motor Vehicle (pre-transit condition report required for All Risks cover)	\$
	Make	
	Model	
	Year	
11	Clothing	\$
12	China, Glass, Porcelain, Mirrors & other breakables	\$
13	Antiques (valuations & itemised list must be supplied)	\$
14	Garden & Other Tools, Garden Furniture, Bicycles, Sports Equipment	\$
15	Pianos and other musical instruments	\$
16	Foodstuffs, Wine and Liquor	\$
17	Toys, Games, Books etc	\$
18	Carpets, Rugs & Curtains	\$
19	Other items. Detail those exceeding \$2500 each item.	\$
		\$
		\$
		\$
		\$
	<b>TOTAL</b>	\$

I/We declare that the total value requested above represents  A. Current value or  B. New replacement cost (tick one only)

I/We apply for insurance on the following conditions (see policy cover for details)  1. Specified Events or  2. All Risks (tick one only)

## Section 5 privacy

### We respect your Privacy

#### 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.

## Section 6 duty of disclosure

### Duty of disclosure

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 7 cooling off

You have the right to cancel and return the insurance contract within 20 days of the date it was issued to you (the "cooling off period") but not after commencement of cover under the policy.

If you cancel it in this time, we will return to you any premium you have paid us.

**Section 8 declaration by the applicant(s)**

I/We declare:

I/We have read the important information on page 1 of this application and confirm that this application was provided to me/us before entering into the contract of insurance. The information I/we have provided is accurate and complete.

I/We have read the policy (including the Product Disclosure Statement) supplied with this application, and agree to be bound by the terms it contains.

I/We authorise Vero Insurance Limited to give information to, or obtain information from its related companies, its agent or my/our broker, any other insurer, an insurance reference bureau, and any loss adjuster, assessor or investigator and for them to disclose any information necessary to enable Vero Insurance Limited to administer the policy, investigate any claim, and deal with any matter connected with this questionnaire and the contract of insurance.

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 parties who are making this application for insurance.

Signature of Applicant(s)

Date

Date

**Branches in Australia**

**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