



Portable Computer Application

APPLICANT'S DETAILS

NAME: _____

FINANCE COMPANY'S

NAME: _____

ADDRESS: _____

_____ Postcode _____

OCCUPATION OF PRINCIPAL USER: _____

(Please Note: cover cannot be provided if the principal user is a student)

PERIOD OF INSURANCE: From: _____

To: _____

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of insurance with us, 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 application 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 that you know, and, 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 common knowledge;

- that we know or should know as an insurer, or, that we tell you we do not need to know.

TO WHOM DOES THE DUTY APPLY? 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 new duty applies for any variation, renewal or reinstatement of the policy. Please refer to your Policy Document (Product Disclosure Statement) for this duty.

PRIVACY NOTICE

We are bound by the Australian Privacy Principles (APPs) under the Privacy Act 1988 (Cth) and comply with the Privacy Act 1988 (Cth). We are committed to ensuring that all Our business dealings comply with the APPs and acknowledge the importance of keeping personal details for individuals confidential and secure.

We collect personal information for the purpose of providing insurance, including arranging insurance, policy administration and claims handling. Without this information, We are not able to provide You with the services You require.

If You would like a copy of Our privacy policy, would like to seek access to or correct Your personal information, or opt out of receiving materials We send, please contact Us.

UKAWA Pty Ltd ABN 59 009 357 582 trading as **St. George Underwriting Agency** AFS Licence No 236663

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SECTION 1. THE EQUIPMENT (Please list all hardware equipment to be insured).

Please tick *one* option below tick if required

Aust-wide *Including* Breakdown World-wide Extension (*Excluding* Breakdown)

Aust-wide *Excluding* Breakdown

ITEM	MAKE & MODEL	YEAR	DESCRIPTION	SERIAL NO.	SUM INSURED

(If insufficient space, please attach a separate **SECTION 1.TOTAL** \$

SECTION 2. TEMPORARY HIRE Is this section of cover required? **Yes / No**

If "**YES**", what would be the hire cost for a similar computer for 1 month? \$ _____

SECTION 2.TOTAL \$

SECTION 3. REWRITING OF RECORDS Is this section of cover **Yes / No**

If "**YES**", please provide the following sums insured:

Replacement of Materials (Disks, tapes etc.) \$ _____

Reinstatement of Recorded \$ _____

Replacement or Reinstatement of \$ _____

SECTION 3.TOTAL \$

QUESTIONS AND DECLARATION:

- Have you ever had any portable computer equipment or accessories lost, damaged or stolen? **YES / NO**
- Has any insurer ever declined to insure or refused to renew or imposed special conditions for ANY type of insurance for you, the proposer, or any person or company interested in this insurance? **YES / NO**
- Are there any apparent or known defects in the equipment now proposed for insurance? **YES / NO**
If you have answered "**YES**" to ANY of the above questions *please give details:*

This declaration applies to all the insurance you are applying for in this application.

I declare that I have:

- * received a copy of the Policy Document (Product Disclosure Statement);
- * read the information concerning the duty of disclosure and other important notices;
- * answered every question fully & frankly;
- * either completed this application form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

If anything happens during the period of the insurance that alters any of the information I have provided, I will promptly inform St George Underwriting Agency.

I realise that if I have not complied with my duty of disclosure my claim may not be met.

By signing the application I authorise the insurer to:

- * obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- * make enquiries from third parties to verify claims history and other information
- * disclose my claims history to any insurance intermediary I appoint;
- * refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied;
- * I acknowledge I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this application.

APPLICANT(S) SIGNATURE(S): _____ DATE: ____/____/____