

Application

For Portable Computer Equipment



Complete this form and return it to SGUA today.
For further information, please call our friendly team: 1800 355 559 | 08 9417 8501

Applicant's Details

Name		
Address	State	Postcode
Email	Phone	
Finance Company Details (If applicable)		
Occupation of Principal User (Please Note: Cover can not be provided if the principal user is a student)		
Period of Insurance From: ___/___/___ To: ___/___/___		

The Equipment (please list all hardware equipment to be insured)

Please tick the options you require: Breakdown World-wide Extension

Item & Description	Make & Model	Year	Serial Number	Sum Insured
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please attach a separate sheet if you require more space. **Section 1. Total:** _____

Re-writing of Records

Is this section of the cover required? If 'Yes', please provide the following sums insured: Yes No

Replacement of materials (Disks/Tapes etc.) _____

Reinstatement or Replacement of Records _____

Section 3. Total: _____

Please complete the following:

1. Have you ever had any portable computer equipment or accessories lost, damaged or stolen? Yes No
2. Has any insurer ever declined to insure, refused to renew or imposed any special conditions for ANY type of insurance for you, the proposer or company applying for this policy? Yes No
3. Are there any apparent/known defects in the equipments proposed for insurance? Yes No

Please provide us with details for any question from 1 - 3 above that you answered as Yes (attach a separate sheet if you require more space).

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Duty of Disclosure & Declaration

Duty of Disclosure:

We rely on the information you provide us with, to decide whether to insure you and the terms on which we will insure you. To comply with your duty of disclosure when first entering into an insurance contract with us, 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 you. This applies to every person insured under the policy.

To comply with your duty of disclosure when you vary, renew, extend, reinstate or replace your policy, you must tell us everything that you know, and which a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and, if so, on what terms.

You do not have to tell us anything that is common knowledge that we should know through our business, that reduces the risk of a claim or that we tell you we do

not need to know. If you fail in your duty of disclosure, we may reduce or deny any claim you make or cancel your policy. If you fraudulently keep information from us or deliberately make false statements, we may avoid your contract and treat your insurance as if it never existed.

Privacy Statement:

St George Underwriting Agency (SGUA) are bound by the Australian Privacy Principles under the Privacy Act 1998(Cth) and comply with the Privacy Act 1998 (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.

Insured Declaration

- This declaration applies to all insurances I have applied for in this application.
- I have received and read the Product Disclosure Statement.
- I have answered each question fully and frankly.
- I have completed this application 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 acknowledge that if I have not complied with my duty of disclosure, my claim may not be met.
- I authorise the Insurer to make inquiries from third parties to verify claims history and other information.
- I authorise the Insurer to disclose my claims history to any insurance intermediary I appoint.
- I acknowledge I have read and understood the Privacy Act 1988 information above and consent to the collection, storage, use and disclosure of personal and sensitive information.

I agree with the policy terms and accept the declaration above is correct.

Authorised person's name _____ Signature _____ Date ____/____/____

Authorised person's name _____ Signature _____ Date ____/____/____

Please return completed application via post, fax or email:

✉ PO Box 3701, Success WA 6964 | ☎ 08 9417 9294 | 📧 admin@sgua.com.au

Ukawa Pty Ltd trading as **St George Underwriting Agency** arranges this insurance under its AFS Licence as agent of the insurer The Hollard Insurance Company Pty Ltd ABN 78 090 584 473 AFSL No. 241436.

