



DOMINION
INSURANCE

Motor Insurance Proposal

Nuku'alofa: Patco Building Centre, Tafua'ahau Road

Phone: (676) 21105

Fax: (676) 25143

This insurance offers private, business and transport Vehicle owners the choice of competitive Vehicle insurance and extensions.

Some important explanations or definitions applicable to the policy

Your insurance contract with Us is based on the information You disclose in Your proposal to Us. The terms and conditions of Your insurance contract with Us are contained in the policy document that We will issue to You. There are important terms You need to understand in arranging Your insurance, some of which We have mentioned below to assist You. To see all the terms and conditions of the policy You can view a copy on Our web site or request a copy from Us prior to arranging this insurance.

The Company, Insurer, Dominion, We, Us or Our means Dominion Insurance (Tonga) Limited.

The Insured, You or Your means the insured named in the **Schedule**

Your Vehicle means any Vehicle described in this proposal or the policy Schedule under the heading motor Vehicle or item insured, including the manufacturer's accessories and spare parts while thereon. Mobile telephones are not regarded as accessories.

Accessories means:

- fitted entertainment;
- child restraints/seats;
- tools and breakdown equipment permanently kept in Your Vehicle, purchased by You to repair Your Vehicle;
- car seat covers;
- other equipment (not otherwise defined)

all permanently fitted to the Vehicle.

The insurance policy is subject to a Deductible or Excess

This is the amount that You retain as Your risk and in the event of a claim You bear this amount. In some cases You will not be able to claim because the amount of loss is less than Your Deductible/Excess. Generally the Deductible/Excess is standard but it may be varied by Us depending on the risks applicable to Your particular Business. In addition to the basic excess there is also a compulsory under age and inexperienced driver excess.

Your duty of disclosure

Your Duty of disclosure means You are under a duty to disclose all material information to Dominion whether the information is asked for or not. Material information is information that might influence Our decision to insure You and if so on what terms and/or premium. All information given must be complete and correct. If You have any doubt as to whether a fact is material then it should be disclosed. The duty to disclose all material information occurs prior to the commencement of cover, if the contract is varied and prior to each renewal. Failure to disclose all material information may result in Dominion avoiding Your insurance policy. This means Your policy would be deemed never to have existed and any claims would not be payable.

Cover options

There are choices for You to make

Own Damage cover (with or without extensions)
Own Damage cover (with or without extensions) and also Third Party
Third Party Only cover

Choose

Cover A.
Cover A & B
Cover B

A. Own Damage Cover

- ✓ Covers Your Vehicle for **loss or damage**, up to the sum insured. This cover suits people wanting full protection for their own Vehicle.

Optional extensions

- ✓ Use of a rental Vehicle following damage to Your Vehicle,
- ✓ Personal accident for the driver and passengers,
- ✓ Damage to business goods in transit.
- ✓ Marine transit for Your Vehicle.

B. Third Party Only Cover

- ✓ Provides cover for liability to third parties only. This cover suits people who want protection for their legal liability and do not require cover for their own Vehicle.

Description of use

1. Where the “description of use” on the proposal is shown as **private**:

Your Vehicle is covered while it is being used for other than **business** or **transport** use

There is no cover if Your Vehicle is being used:

- for the carriage of goods or samples in connection with any trade or business other than farming; or
- in connection with the motor trade or for business purposes by commission agents, sales or service persons, commercial travellers, motor driving instructors, or real estate agents.

2. Where the “description of use” on the proposal is shown as **business**,

Your Vehicle is covered while it is being used:

- as a business Vehicle; or
- for income earning purposes in accordance with Your registration or
- for **private** use

There is no cover if Your Vehicle is being used for fare paying passengers

3. Where the “description of use” on the **Schedule** is shown as **transport**:

- **Your Vehicle** is covered while it is being used for fare paying passengers in accordance with Your registration and for **private** and **business** use.

IMPORTANT NOTE Dominion Insurance Limited will assume that all questions are answered on behalf of all proposers, partners, directors, owners and all other interested parties.

Email	Ph. Land line	Mobile	Fax
Proposer/registered owner of the Vehicle			
Postal Address			
State name of Financier or bank etc.			
Description of use of Vehicle (refer explanations on page 2)		Private No <input type="checkbox"/> Yes <input type="checkbox"/> Business No <input type="checkbox"/> Yes <input type="checkbox"/> Transport No <input type="checkbox"/> Yes <input type="checkbox"/> Other	
Insurance Period:	From 4 p.m. day month year	To 4 p.m. day month year	
1. Who did You purchase the Vehicle from?			
2. The number of years You have had continuous motor insurance			
3. Island located		4. Town or area	
5. Registered number		6. Make (e.g. Toyota)	
6. Model (e.g. Corolla)		7. Year of manufacture	
8. Size of engine		9. Engine number	
10. Number of passenger seats		11. Kilometer reading	
12. Gross Laden weight over 2 ton?	No <input type="checkbox"/> Yes <input type="checkbox"/>	13. State weight	ton
14. Purchase date		15. Purchase price in \$	
16. Has the Vehicle any non-standard equipment or has the Vehicle been modified from the manufacturers specification so that its performance is altered? If yes please supply full details and whether non standard equipment is to be insured			No <input type="checkbox"/> Yes <input type="checkbox"/>
17. If Your Vehicle is a truck or utility Vehicle, is the deck/tray fitted with approved passenger seats? NB No cover for passengers riding on the deck without approved seats			No <input type="checkbox"/> Yes <input type="checkbox"/>
18. Estimated market value, including accessories, to be insured			

SCOPE OF COVER REQUIRED - SELECTED COVER AS REQUIRED PREMIUM BASIC EXCESS

A. Own Damage cover	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Do You wish to be insured against earthquake, volcanic eruption, tsunami, tidal wave, cyclone and flood ?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
B. Legal Liability cover	No <input type="checkbox"/> Yes <input type="checkbox"/>		

EXTENSIONS OF COVER REQUIRED

1. Personal accident extension	Injury as per the policy definition		
Amount is \$10,000 for the driver and each passenger. You may specify a higher amount			
a. Driver	No <input type="checkbox"/> Yes <input type="checkbox"/> higher amount \$ _____		
b. Each passenger	No <input type="checkbox"/> Yes <input type="checkbox"/> higher amount \$ _____		
2. Marine transit extension	No <input type="checkbox"/> Yes <input type="checkbox"/>		
To island where Vehicle is to be located Please name island			
3. Goods in transit extension	\$5,000 any one event No <input type="checkbox"/> Yes <input type="checkbox"/>		
Damage to commercial goods conveyed by the Vehicle while in transit caused by fire, or by the accidental collision, overturning, of the Vehicle insured			
4. Rental Vehicle extension	No <input type="checkbox"/> Yes <input type="checkbox"/>		
\$ 50.00 per day for 14 days maximum			

Vehicle Class:	Total Premium	
	Admin fee	
	Sub Total	
	TOTAL DUE	

DRIVERS' DETAILS INCLUDING THE OWNER IF A PERSON

Full name	Date of birth	Licence number	Date licence obtained	Occupation	% of Vehicle use applicable

HAVE ANY OF THE NAMED DRIVERS

1. Been refused motor Vehicle insurance or had special terms, conditions or excess imposed?	No <input type="checkbox"/> Yes <input type="checkbox"/>
2. Been prosecuted for any driving offence?	No <input type="checkbox"/> Yes <input type="checkbox"/>
3. Had their licence suspended, endorsed or cancelled?	No <input type="checkbox"/> Yes <input type="checkbox"/>
4. Had any motor Vehicle accidents during the past 5 years?	No <input type="checkbox"/> Yes <input type="checkbox"/>
5. Have any physical defect which affects their driving ability?	No <input type="checkbox"/> Yes <input type="checkbox"/>

IF YES TO ANY OF THESE QUESTIONS, PLEASE GIVE FULL DETAILS – COMPLETE A SEPARATE SHEET IF NECESSARY

INSURANCE HISTORY – PLEASE GIVE THE DETAILS OF MOTOR INSURANCE HELD BY YOU DURING THE PAST 5 YEARS

Year	Name of insurer	Number of claims	Amount	Description of accident & details

IMPORTANT NOTICES AND DECLARATION PLEASE READ CAREFULLY BEFORE SIGNING

1. Have You or Your family members, de facto partner, business partners, directors, trustees and/or beneficial owners, managers or any other person or entity to be covered by the insurance:
 - 1.1 In the last 10 years:
 - 1.1.1 Suffered loss or damage exceeding \$1,000 to any property (whether insured or not)? Yes No
 - 1.1.2 Made an insurance claim? Yes No
 - 1.1.3 Been subject to lawsuit or a legal liability claim? Yes No
 - 1.1.4 Been bankrupt? Yes No
 - 1.2 Ever:
 - 1.2.1 Had any insurance declined, cancelled, avoided, renewal refused, terms imposed or claim declined? Yes No
- Engaged in any criminal activity or had any criminal convictions, acquittals or diversions, or have any criminal prosecutions pending? Yes No
- 1.3 Is there any further information likely to affect this insurance? Yes No
 - 1.4 If You have answered "Yes" to any of the above questions please provide full details and dates in the space provided below. If further space is required please complete on a separate sheet. (Details should also include name of Insurance Company(s) and Policy Number(s), where applicable)
- _____
- 1.5 Who was Your Insurance Company for the last 12 months? _____ Policy No _____

I/We hereby declare and warrant

- that the information given in this proposal is in every respect true and correct and that the information given above and on the other side of this proposal is true and no other relevant information has been withheld.
- Dominion is aware of all information that may be material in considering this proposal.
- I/We agree to Dominion Insurance Limited releasing to other parties personal information relating to this insurance
- that this proposal and declaration shall be the basis of and incorporated in the insurance contract between Us and accept the Policy subject to the terms and conditions it contains and agree to pay the premium.
- I/We are not already insured unless stated otherwise.
- I/We will take all reasonable care to prevent loss, damage or injury.
- If my Vehicle is a truck or utility Vehicle, and is not deck/tray fitted with approved passenger seats there is no legal liability cover to passengers riding on the deck.

I/We undertake to inform Dominion of any material alteration to the above facts whether occurring before or after the completion of this insurance contract. I/We authorise Dominion or their Agent to obtain from the police, other insurers or any insurance agent, broker or other party any information relating to this insurance or any other insurance held by myself/Us or any claim made by myself/Us or my/Our credit history.

Signed _____ Full Name _____

Position _____ Date _____

COMPLETION OF THIS PROPOSAL DOES NOT BIND THE PROPOSER OR DOMINION TO COMPLETE THIS INSURANCE

Office Use only		
Vehicle inspected by	Date of inspection	Photo attached
Describe any existing damage to Vehicle		
Branch	Intermediary	
Client reference	Replacing number	