

# CTP Proposal



**DOMINION**  
INSURANCE

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Suva: 231 Waimanu Rd Ph: 331 1055 Fax: 330 3475 Nadi: Eden Plaza, Namaka. Ph: 670 1451 Fax: 6701221

**This insurance offers Compulsory Third Party for Private, Business and Transport Vehicle owners.**

## 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 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.

## 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.

**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			
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 (Please Specify):			
Insurance Period:	From 4 p.m. ( _ _ / _ _ / _ _ ) ( d d / m m / y y )	To 4 p.m. ( _ _ / _ _ / _ _ ) ( d d / m m / y y )	
1. The number of years You have had continuous motor insurance			
2. Registration Number		6. Number of passenger seats	
3. Make and Model (e.g. Corolla)		7. Town or area	
4. Chassis No		8. Limitation As to Use	
5. Engine No			

**DRIVERS' AND/OR OWNER DETAILS**

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**

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**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 \_\_\_\_\_
- 1.6

**Full Name** \_\_\_\_\_ **Sign** \_\_\_\_\_

**Date** \_\_\_\_\_