



APPLICATION FORM

Insurance Broker:

PRIVATE USE ONLY

SECTION 1: INSURED DETAILS

Insured Name: _____ Date of Birth: / / _____

Address: _____

Postcode: _____

Email: _____ Rider: Male Female

Telephone: _____ Mobile: _____

Period of Insurance: From: / / To: / /

SECTION 2: DUTY OF DISCLOSURE

Has the Insured, or anyone who is to be covered by this policy, in the last 5 years

Had any insurance refused or cancelled? Yes No

If Yes, please detail: _____

Suffered any motorcycle or theft insurance claims? Yes No

If Yes, please detail: _____

Been charged or convicted of any offence (other than vehicle/motorcycle offences)? Yes No

If Yes, please detail: _____

Had their motor vehicle or motorcycle licence suspended or cancelled for any reason? Yes No

If Yes, please detail: _____

Total Value <small>(including all accessories)</small>	_____
Total Premium <small>(including charges)</small>	_____
Excess	_____
\$20 million legal liability cover. Road registered bikes only.	

Insureds No Claim Bonus, or Riding History Criteria

Number of years Motorcycle licence held: _____

Insured No Claim Bonus entitlement: NCB rating _____ %

How many years has the insured been riding motorcycles?: 1 Year 2 Years 3 Years 4 Years plus

Insured consecutive riding history, noting any traffic accidents in the last 5 years: _____

SECTION 3: MOTORCYCLE DETAILS

Road Registered Motorcycle Off Road Motorcycle

Year Manufactured: _____ Make: _____ Model: _____

Sum Insured: _____ Registration Number: _____ Vin Number: _____

Has the motorcycle been modified in any way from the manufacturers original specification: Yes No

If Yes, please detail: _____

Interested Parties/Financier: _____

Additional Rider Information

Name: _____ Date of Birth: / /

Rider: Male Female How many years motorcycle riding experience: _____

SECTION 4: STORAGE AND CONDITION

Normal Storage Address:

Postcode:

Storage Method: Garaged Home Shared Carpark Lockable Building Home Address
 Storage Facility Street Parked

Lay up (On Road Motorcycle weekend cover only during the period midnight Friday night to midnight on the next Sunday night)

Layup address if different from the Insured(s) address:

Cross the months the motorcycle will be in lay up: Number of months lay up required:

JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC

SECTION 5: DECLARATION

Your 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 insured under the policy.

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 a false statement we may avoid your contract and treat your insurance as if it never existed.

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.

Privacy Act Requirements

Your Privacy is important to us. You need to read the Privacy Statement overleaf which explain, amongst other things, how we collect, handle, store and disclose your personal and sensitive information in order for us to provide and inform you about our insurance and insurance related services. To do this we may disclose your personal information to our service providers and others in accordance with the Privacy Statement. The Privacy Policy is located on our website www.nminsurance.com.au

I/We acknowledge that as the Insured(s), I/We:

1. **must act** with the **utmost good faith** in respect of any matter relating to this insurance
2. **have a duty of disclosure** as stated in this application form
3. **have provided** the **correct information** on previous losses and insurance history
4. **confirm** that all **answers and statements** in this application **are correct** and that **no information** has been **withheld** which may affect our decision to accept this application or the terms of the proposed policy
5. have received a combined Product Disclosure Statement and Financial Services Guide that relates to the product the subject of this application form.
6. I/We acknowledge that I/We have read and agree to the terms of the Privacy Statement

Signature of The Insured(s):

Date: / /

SECTION 6: PAYMENT OPTIONS

Cheque/Money Order Pay By The Month (attach completed direct debit form)

Credit Card: Mastercard Visa

Card No:

Expiry Date: / Amount \$

I authorise the debit of my credit card. Name on card:

Signature:

SECTION 7: PRIVACY STATEMENT

NM Insurance Pty Ltd, ABN 34 100 633 038, are committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) (Privacy Act) and the Australian Privacy Principles (APPs).

This Privacy Statement outlines how we collect, disclose and handle your personal information (including sensitive information) as defined in the Act.

Why we collect your personal information

We collect your personal information (including sensitive information) so we can:

- identify you and conduct necessary checks;
- determine what service or products we can provide to you e.g. offer our insurance products;
- issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development;
- make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

What happens if you don't give us your personal information?

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How we collect your personal information

Collection can take place by telephone, email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools). We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to.

If you provide us with personal information about another person you must only do so with their consent and agree to make them aware of this privacy notice.

Who we disclose your personal information to

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, Lloyd's, our insurers, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time. You can contact us for details or refer to our Privacy Policy available at our website www.nationalmotorcycleinsurance.com.au

In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

More information, access, correction or complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website www.nationalmotorcycleinsurance.com.au or by contacting us (our contact details are below).

Contact us and opting out

By proceeding with your application or submitting your claim, you and any other person included on the policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us.

By phone: 1300 960 437

By email: customerservice@nationalmotorcycleinsurance.com.au

In writing: Level 7, 99 Walker St. North Sydney, NSW 2060

Effective date: 8 December 2016



NM Insurance Pty Ltd

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