



Application Form for PHA Commercial Motor Insurance

PHA COMMERCIAL MOTOR APPLICATION FORM

Important Note

All questions in this application form must be answered completely.
If the space provided is insufficient please include attachments on your company letterhead.

Agent/Broker _____

Code

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1. DETAILS ABOUT THE APPLICANT	
a) Name of the Applicant	
b) Address of the Applicant	
c) Phone number	
d) Mobile number	
e) Email id	
2. DETAILS ABOUT THE COMPANY	
a) Name of the Company	
b) Trading name if applicable	
c) Website address	
d) Full description of the operations and activities	
e) Number of years in continuous business	

f) Details of other similar businesses	
g) Name and Address of other interested party, if any	

3. PREVIOUS INSURANCE HISTORY	
a) Has any insurance company refused to meet a claim lodged by you or by any person named as the applicant herein, in respect of motor insurance?	Yes/ No
If 'Yes', please provide details	
b) Has any insurance company succeeded in denying a claim lodged by you or any person named as the applicant herein, on the grounds of non-disclosure, misrepresentation and/or fraud, in respect of motor insurance?	Yes/ No
If 'Yes', please provide details	
c) Do you have, or intend to have, any additional insurance with any other insurer in connection with motor insurance in respect of the same property of risk as you are now proposing?	Yes/ No
If 'Yes', please provide details	
d) Is there any additional information or detail of which you are aware and which may assist PHA to better assess the nature of the risk?	Yes/ No
If 'Yes', please provide details	
e) Has any insurance company in connection with this class of insurance	
- declined to accept a proposal from you?	Yes/ No
- cancelled a policy, contrary to your wishes?	Yes/ No
- declined to renew a policy, contrary to your wishes?	Yes/ No
If 'Yes', please provide details	

4. COMMERCIAL MOTOR SECTION				
	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
a) Year of manufacture				
b) Make of vehicle				
c) Model of vehicle				
d) Description, i.e. semi trailer, rigid body, tipper or trailer, concrete agitator, earthmoving plant, sedan, panel van etc				
e) Please tick which cover is required for each vehicle below:				
Option 1 – Comprehensive Cover				
Option 2 – Own Damage Only Cover				
Option 3 – Third Party Property Damage Only Cover				
Option 4 – Third Party Property Damage, Fire & Theft Cover				
Option 5 – Fire & Theft Only Cover				
f) What is the purpose for which the vehicle(s) is/are used? e.g. Business or Private				
g) Chassis, VIN, Engine number or Serial number				
h) Registration Number				
i) Present Value/ Market Value (Excluding Accessories)				
j) Please list below all accessories that are not factory standard equipment and show the value for each vehicle in PGK				
- Stereo/CD and or Stacker				
- Mag Wheels and/or Trim				
- Tow/Bull Bar				
- Two way/CB Radio				
- Body Kit/Spoiler				

- Air conditioning				
- Security System				
- Sunroof				
- Caravan Annex				
- Gates, chains and tarps				
- Other accessories				
k) Sum Insured Value (maximum Sum Assured should be market value plus the amount for accessories)				
l) Current Insurer				
m) Policy Number				
n) Current No Claim Bonus for each vehicle				
o) If vehicle is subject to Finance, please state type of finance e.g. Hire purchase, Novated Lease, Bill of Sale etc				
p) If vehicle is financed, place name of the Finance Company under each vehicle				
q) Where is the home base for each vehicle? Supply town name and postcode				
r) State the maximum distance the vehicle will be used from its home base				
s) Cover required for non-owned trailer liability in PGK?				
t) If goods carrying, please describe the goods carried e.g. bricks, sand & metal, general carrying etc				
u) Carrying capacity				

v) If vehicle is a sedan or utility, please mention whether automatic or manual				
5. THIRD PARTY PROPERTY DAMAGE Limit of liability required for Third Party Property damage in PGK				
	PGK	Million		
6. DETAILS OF THE DRIVERS				
Have any of the drivers involved in the following:				
a) had any accidents, driving convictions and/or claims within the past 5 years?	Yes/ No			
b) had any claims refused, cancelled and/or imposed special terms in the last 5 years?	Yes/ No			
c) had a licence suspended or cancelled in the last 5 years?	Yes/ No			
d) If 'Yes', please provide details.				
7. DETAILS OF THE VEHICLE				
Are any of the vehicles involved in the carriage of/ use of the following:				
a) Flammable Liquids, Gases, Chemicals or explosive substances?	Yes/ No			
b) Refrigerated transport of over 10 tonne carrying capacity, i.e. a Prime Mover or Semi Trailer?	Yes/ No			
c) Livestock?	Yes/ No			
d) Logging?	Yes/ No			
e) Operate as Road Trains (i.e. more than 2 goods-carrying trailers being towed by one vehicle)?	Yes/ No			
f) Involved in work in the remote areas of PNG?	Yes/ No			
g) Used for charter purposes?	Yes/ No			
a) If 'Yes', to any of these questions, please provide full details				

8. DETAILS OF THE DRIVER		Please provide details of the usual drivers below, starting from the principal driver.		
<i>Driver Name</i>	<i>Year of Birth</i>	<i>Year Licensed</i>	<i>No. of claims over past 5 years</i>	<i>No. of driving offences over past 5 years</i>
9. DETAILS OF PAST CLAIMS		Please detail all accidents and claims during the last 5 years, whether at fault or not, involving any vehicles or persons named above.		
<i>Driver Name</i>	<i>Date of accident</i>	<i>Circumstances of the accident</i>	<i>Insurance company</i>	<i>Total claim (PGK)</i>
10. EARTHMOVING VEHICLES				
Are any of your vehicles expected to be used:				
a) on, in, over, or under water?		Yes/ No		
b) in sand or beach operations?		Yes/ No		
c) in logging, forestry or bush clearing?		Yes/ No		
d) in demolition?		Yes/ No		
e) in connection with exploration, hazardous gases or any other hazardous occupation?		Yes/ No		
f) in underground mining or tunnelling?		Yes/ No		
g) Let out without your operator being in charge)?		Yes/ No		
h) Let out with your operator being in charge?		Yes/ No		
i) If 'Yes', to any of these questions, please provide full details				

DECLARATION

I/We declare on behalf of all proposed insureds, and warrant that:

- a) the statements in this proposal form are true.
- b) I/We have disclosed all matters which to my/our knowledge you should be aware of.
- c) no insurance company has ever cancelled, declined or refused to renew or imposed special terms or cancelled any policy held by me/us.
- d) that I/we agree to accept the terms, exclusions, conditions and limitations of the PHA policy.

Date:

Applicant's Signature:

Title:

Name: