

Driver Application Form

This is a fillable PDF document.

- Enter your data with Adobe Reader; tab between the fields; save file as "Driver Application Form <Insured Name>.pdf.
Please note, if using an Apple Mac computer, you will need to complete, print, scan and email this form to our office.
 Alternatively, print form; use black or blue pen to fill in details; attach additional page(s) if insufficient space

Insured:

Driver Name: _____ Date of Birth: / /

Position: Staff Volunteer Intern VIP Other

NCB (No Claim Bonus Rating):

(This is usually a number or a percentage. This only applies if you have had vehicle insurance in the past)

Do you have your own Vehicle? Yes No

Private Insurance Held With:

Level of Private Insurance: Comprehensive Third Party Fire & Theft/Third Party Only None

Drivers Licence Number: _____ State: _____

Have you had a motor vehicle accident in the last 5 years? Yes No

If **YES**, please advise year of accident and details of the incident (please only note *AT FAULT* accidents):

Have you had a traffic infringement, conviction or prosecution in the last 5 years? Yes No

If **YES**, please provide full details, including the nature of infringement/conviction/prosecution and date incurred:

Date incurred Nature of infringement, conviction or prosecution

Have you ever had your Motor Vehicle Licence cancelled or suspended? Yes No

Date incurred Reason for cancellation or suspension and period of time enforced

Have you ever had any insurance declined, cancelled or renewal refused? Yes No

Insurer Date Reason insurance was declined, cancelled or had renewal refused

Privacy Statement

ACS Financial Pty Ltd (ACN 062 448 122) (AFSL 247388) (ABN 91 460 778 961) ("ACS Financial") ("we"/"us") is committed to ensuring the confidentiality and security of your personal information.

We are bound by the Australian Privacy Principles ("APPs") under the Privacy Act 1988 (Cth) regarding the way we handle your personal information.

We have implemented a Privacy Policy, under the APPs, which explains how we collect, hold, use and disclose your personal information, and how you can access and/or correct that information. Nothing in this policy limits any of our obligations at law.

You can obtain a copy of the 'ACS Group Privacy Policy' by calling 1800 646 777 or by downloading a copy at www.acsfinancial.com.au (go to About Us > Policies, FSGs and Important Information).

Your personal information is collected for the purposes set out in the ACS Group Privacy Policy and is relevant to any recommendation that you acquire or offer to arrange for the issue of an insurance policy or a mutual protection to you as well as the amount of your premiums or contributions or the assessment of any claims made by you or your personal representative. If you do not provide the full information that we request and disclose every matter that you know or could reasonably be expected to know, we may be unable to assist you with your application or if you accept insurance cover and/or mutual protections you may be in breach of your Duty of Disclosure.

Ensure that you seek permission from individuals before you provide us with their personal information, and let them know about this Privacy Statement and how they can contact us if they want to access or correct information we hold about them.

We do not trade, rent or sell your personal information. We may use your personal information to provide you with information about other products, services and special offers. If you do not want your personal information used in this way, please write or email ACS Insurance Services with your opt-out request and they will arrange accordingly.

Duty of Disclosure

Your duty of disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the *Insurance Contracts Act 1984*, to disclose to the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer and/or ACS Mutual Limited (ACN 162 909 346) ("ACS Mutual") before you enter into, renew, extend, vary or reinstate a contract of general insurance or Protection.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer/ACS Mutual;
- that is of common knowledge;
- that your insurer/ACS Mutual knows or, in the ordinary course of his business, ought to know; or
- as to which compliance with your duty is waived by the insurer/ACS Mutual.

Non-disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce his liability under the contract in respect of a claim or may cancel the contract. In respect of your Protections, if you fail to comply with your duty of disclosure, ACS Mutual in the exercise of its discretion may refuse to pay a claim, reduce the amount it may pay or cancel your Protections.

If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning and/or ACS Mutual may treat the Protection like it never existed and cancel your Membership.

Declaration

I/We have read and understood my/our duty of disclosure set out in this Application Form, and hereby declare that:

- the information I/we have provided is true, complete and correct to the best of my/our knowledge, and I/we will inform ACS Financial Pty Ltd (ABN 91 460 778 961) (ACN 062 448 122) (AFSL 247388) ("ACS Financial") should any of this information change in the future;
- the information I/we have provided includes every matter known to me/us that is likely to affect the acceptance of this application or the terms on which insurance cover and/or Protection is accepted;
- I/We are duly authorised to act for and on behalf of the above-named church or ministry and have completed this application on behalf of it and all those who may be entitled to indemnity/Protection under any policy/Protection which may be issued in reliance on the information in this application, after due enquiry of all directors or office bearers and senior staff;
- I/We authorise ACS Financial to obtain from or give to any insurer or ACS Mutual or insurance reference bureau or credit reporting agency any personal information relating to this or other insurance cover/Protection relating to me or the above-named church or ministry including claims or credit history; and
- I/We understand that I/we can obtain the ACS Financial Privacy Policy, access personal information held about me/us, or raise privacy concerns by calling the Compliance Officer on 1800 646 777, and consent to ACS Financial and its service providers using and disclosing my/our information in the way described in the Privacy Statement. Where information about a third party individual is supplied, I/we declare that the person has been made aware of that fact and of the Privacy Policy.

I understand that no insurance cover/protection is in place as a result of completing this Application Form until the insurer/ACS Mutual has accepted the proposed insurance/protection in writing.

Signed:

Date (DD/MM/YYYY)

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