# HOME CONTENTS AND SPECIFIED PROPERTY TRANSIT

**INSURANCE APPLICATION** 



Please read this page and the policy booklet before you complete the application. Keep this page and the policy booklet so you can refer to them again.

### **HOW CGU PROTECTS YOUR PRIVACY**

We use information provided by our customers to allow us to offer our products and services. This means we may need to collect your personal information, and sometimes sensitive information about you as well (for example, health information for travel insurance). We will collect this information directly from you where possible, but there may be occasions when we collect this information from someone else.

CGU will only use your information for the purposes for which it was collected, other related purposes and as permitted or required by law. You may choose not to give us your information, but this may affect our ability to provide you with insurance cover.

We may share this information with companies within our group, government and law enforcement bodies if required by law and others who provide services to us or on our behalf, some of which may be located outside of Australia.

For more details on how we collect, store, use and disclose your information, please read our Privacy Policy located at www.cgu.com.au/privacy. Alternatively, contact us at privacy@cgu.com.au or 13 15 32 and we will send you a copy. We recommend that you obtain a copy of this policy and read it carefully.

By applying for, using or renewing any of our products or services, or providing us with your information, you agree to this information being collected, held, used and disclosed as set out in this policy.

Our Privacy Policy also contains information about how you can access and seek correction of your information, complain about a breach of the privacy law, and how we will deal with your complaint.

### WHEN COMPLETE, PLEASE FORWARD THIS APPLICATION TO:

CGU Insurance, GPO Box 9902 in the capital city of your state or

your Insurance adviser or

your local CGU Insurance office.



# HOME CONTENTS AND SPECIFIED PROPERTY TRANSIT INSURANCE APPLICATION

Please answer all questions. This will help us to process your application quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this application and the declaration will include them.

Period of insurance		CGU Insurance use only		
The date you would like your policy to start		Policy no.		
The expiry date of your policy will be 4.00 p.m. on		4 0 S		
Intermediary		LOB: MCA: TB: CG: Acceptance		
Name	Account no.			
		ISDN Sort		
1. Applicant				
Surname	Given name(s)			
Postal address				
		Postcode		
Telephone number Mobile nu	ımber			
Email address				
2. Goods in Transit				
From	То			
Please Tick	Sea Air On or a	about DD/MM/YY		
Cover required: Please Tick 🗸 COVER A	- ACCIDENTAL DAMAGE or COVER	B - SPECIFIED EVENTS ONLY		
(Note: Please refer to Product Disclosure Statement for details - Cover A is not available if you are moving your own goods)				
Do you require cover for a storage period, request	ted by you?	(Maximum pariod		
No Yes Period from	/ M M / Y Y to D D / M	(Maximum period available is 6 months)		
Storage location				
		Postcode		

#### 3. Property to be insured

If there is insufficient space, please complete your inventory on a separate sheet of paper so that it can form part of this application.

Property to be insured	<b>Sum insured</b> (Packed by removalists)	<b>Sum insured</b> (Packed by owner)
Home contents and personal effects other than items listed below	\$	\$
Paintings, works of art, antiques, items of value, etc. – <b>Note: items over \$1000 in value to be itemised – proof of value will be required in event of a claim</b>	\$	\$
Motor vehicles/motor cycles (a pre-shipment survey is required)	\$	\$
Caravans, trailers and the like	\$	\$
Pleasurecraft (a pre-shipment survey is required)	\$	\$
Live Plants (Note: Cover B only)	\$	\$
Shipping costs	\$	\$
Other property (Please specify)	\$	\$
TOTALS	\$	\$

If you do not wish to receive any marketing material directly from us such as special offers and discounts, tick this box.

#### Declaration This panel must be completed by the Applicant(s)

I/We declare that:

- a. To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.
- b. I/We agree to accept the Insurance subject to the terms, exclusions, conditions and limitations of CGU's Home Contents Transit Policy.
- c. I/We authorise CGU to obtain details of claims from previous Insurers and I/we agree that CGU may supply details of all claims under the Policy or any renewal thereof to any subsequent insurer.
- d. I/We have received the Important Notices attached to this Application form.
- e. I/We agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this application and providing me/us with cover.

Signature of the Applicant	Date
Signature of the Applicant	Date
oignature of the Applicant	
Please indicate the number of additional pages attached to this application	



Insurer
Insurance Australia Limited
ABN 11 000 016 722 AFSL 227681
trading as CGU Insurance.

