



Loan Protection Insurance

Product Disclosure Statement
and Policy Document.



This Product Disclosure Statement (PDS) is issued by Allianz Australia Insurance Limited (Allianz) AFS Licence No. 234 708 ABN 15 000 122 850 and ING Life Limited AFS Licence No. 238341 ABN 33 009 657 176 (ING Life) who are responsible for its content. In arranging this insurance, Esanda Finance Corporation Ltd ABN 64 004 346 043 Authorised Rep No. 269742 (Esanda) is acting as an authorised agent of Allianz and not your agent.

This insurance is issued and underwritten as follows: The Disability and Involuntary Unemployment covers of this insurance are provided by Allianz. The Trauma and Death insurance cover is provided by ING Life, a wholly owned subsidiary of ING Australia Limited ABN 60 000 000 779 (INGA). Allianz acts on behalf of ING Life in offering the Trauma and Death insurance cover. INGA and its related bodies corporate do not accept any liability for, or guarantee the payment of any benefits under this policy, except that ING Life guarantees the benefits specifically provided for in the policy.

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Section A – About this insurance

Introduction

Thank you for choosing Esanda Loan Protection Insurance.

Esanda Loan Protection Insurance offers you choice of cover for your vehicle finance for cases including death, trauma, disablement or involuntary unemployment.

Esanda have chosen Allianz, one of the largest general insurers in Australia, to underwrite your policy. Allianz is a member of the Global Allianz Group, which operates in more than 70 countries, providing protection to more than 80 million customers worldwide.

Product Disclosure Statement and Policy Document

This policy document is also a Product Disclosure Statement (PDS). A PDS is a document required by the Corporations Act and contains information designed to help you decide whether to buy the policy.

Preparation date: 09/10/2008.

Updating the PDS

Information in this PDS may need to be updated from time to time. You can obtain a paper copy of any updated information without charge by calling us on the contact details provided on the back cover of this document. If the update is to correct a misleading or deceptive statement or an omission, that is materially adverse from the point of view of a reasonable person deciding whether to acquire this policy, we will provide you with a new PDS or a supplementary PDS.

Cooling off and cancellation rights

You can cancel the policy or any of the covers selected for any reason within 14 days of receiving a policy schedule from us (this is called the cooling off period) and we will refund any premiums paid for the cover(s) in full unless a claim has been or can be made. To exercise this right, you must notify us either in writing or by telephoning us within the cooling off period. Even after this period has ended, you still have cancellation rights (see “Cancellation of the policy” on page 23).

Peace of mind

The financial commitment undertaken when you take out a personal loan can be worrying, especially in the first few years.

Esanda Loan Protection Insurance is designed to provide you with protection and peace of mind knowing that if the unforeseen happens, your monthly repayments will be made in those circumstances which are covered.

24 hour cover

You are covered at work, at home, at leisure, 24 hours a day, 7 days a week and 365 days a year. See the policy schedule for details of the period of insurance.

Who are the insurers?

Details of the insurers are set out at the start of Section B on page 10.

Each insurer takes full responsibility for the whole of the PDS. However, each only insures you for the cover they are responsible for as specified in Section B.

What is Esanda Loan Protection Insurance ?

Purpose of Esanda Loan Protection Insurance

Esanda Loan Protection Insurance is designed to:

- meet part of your finance repayments if you are unable to work due to an injury or illness up to the maximum policy benefit (this is called disability cover),
- meet part of your finance repayments if you become involuntarily unemployed up to the maximum policy benefit (this is called involuntary unemployment cover),
- pay the outstanding balance of your finance agreement up to the maximum policy benefit, if you should suffer a trauma covered by the policy (this is called trauma cover), and
- pay the outstanding balance of your finance agreement up to the maximum policy benefit, if you should die (this is called death cover).

All benefit payments are made to your financial institution. The benefit payments are calculated by reference to the amount you owe under the finance agreement to which your Esanda Loan Protection Insurance relates.

Choice of cover

You may choose any one of the following combinations of cover:

- trauma and death, disability and involuntary unemployment,
- disability and involuntary unemployment,
- trauma and death and disability,
- disability only, or
- trauma and death only.

Maximum policy benefit

The maximum amount we will pay under the policy for the cover(s) you have chosen, no matter how many people are insured or how many claims are made is:

- trauma and death – the outstanding balance of your finance agreement up to a maximum of \$100,000.
- disablement – we will meet instalments on your finance agreement up to a maximum of \$3,000 per month. The maximum amount payable during the entire period of insurance is \$100,000.
- involuntary unemployment – we will meet instalments on your finance agreement for up to 120 days up to a maximum of \$4,000 per claim. The maximum amount payable during the entire period of insurance is \$10,000.

Not everything is covered

Not everything is covered by Esanda Loan Protection Insurance – there are limitations. It is important that you read the policy, in particular Section B of this policy document, carefully, to understand the extent of cover and its limitations.

Examples:

- We will not pay any claim made during the entire period of insurance for death, trauma or disability which is directly or indirectly caused by any injury or illness for which:

- you received advice or treatment from a legally qualified medical practitioner within the six months before the commencement of the period of insurance.

If, however, you held a previous policy with us under which we would have paid your claim, which has been cancelled and replaced by this policy, we will:

- accept the claim under this policy, and
 - pay the amount of benefit that would have been payable under the cancelled policy for the period of insurance provided by that policy.
- An elimination period of 7 days applies to all disability and involuntary unemployment claims. This means we will not pay any benefit for the first 7 days of any claim for disability or involuntary unemployment.

Term of insurance

This insurance covers you for the period of insurance stated on the policy schedule or until the policy ends (see 'When the policy ends' on page 24), whichever happens first.

Applying for cover

Eligibility

To be able to apply for Esanda Loan Protection Insurance you must:

- be at least 16 and not more than 64 years of age during the period of insurance,
- be applying for a new loan,
- be in good health and not be aware of having any sickness or disability that a reasonable person in the circumstances would be aware of,

- have no knowledge or warning of any proposed or actual termination or decrease in work available to you and be actively employed in a permanent occupation for not less than 20 hours per week if you wish to apply for disability or involuntary unemployment cover, and
- not be self-employed and be in permanent employment if you wish to apply for involuntary unemployment cover.

No medical

A medical examination is not required for obtaining this insurance. All we require is confirmation that the statements contained in the declaration on the proposal form are true and accurate.

Payment of premium

The amount of premium payable for this insurance is based on the cover you have selected and the information you provide to us in your proposal (e.g. loan amount and loan term). You will also have to pay any compulsory government charges (e.g. Stamp Duty and GST) where applicable as well as other additional charges we tell you of. We will tell you when you apply, what premium is payable, when it needs to be paid and how it can be paid.

For your benefit, the insurance premium for this insurance policy may be included as part of your finance or, you can choose to pay it as a separate amount.

Our Agent's Remuneration

Our agent receives a commission for arranging this policy. It is 20% of the total premium amount payable, before Stamp Duty and government charges.

Not compulsory

Esanda Loan Protection Insurance is not compulsory, nor is it a condition of your finance agreement approval.

Free choice of insurer

You may take out similar insurance (often known as Consumer Credit Insurance) with an insurer of your choice.

The application and acceptance process

Before the policy may be issued you must:

- read this policy document (Product Disclosure Statement), and
- complete a proposal form and sign a declaration.

If you are eligible for cover you will be issued with:

- this policy document (Product Disclosure Statement).

We will write to you after you have completed the insurance:

- enclosing a policy schedule, and
- again pointing out certain features of Esanda Loan Protection Insurance.

Dispute resolution process – helping you solve any problems

We have a free internal complaints resolution process that can be accessed by contacting us using the details on the back cover. If this process doesn't resolve the complaint we will give you information about how to access available external dispute resolution schemes.

Section B – Your policy

The insurers

Allianz Australia Insurance Limited AFS Licence No. 234708 ABN 15 000 122 850 (Allianz), 2 Market Street, Sydney, NSW, 2000.

Allianz is the insurer for “Part 2 – If you have disability cover” and “Part 3 – If you have involuntary unemployment cover” of the policy.

ING Life Limited AFS Licence No. 238341, ABN 33 009 657 176 (ING Life), 347 Kent Street, Sydney, NSW, 2000.

ING Life is the insurer for “Part 1- If you have trauma and death cover” of the policy. Allianz acts on behalf of ING Life in offering the cover set out in this part.

What the policy consists of

Your policy consists of:

- this printed Esanda Loan Protection Insurance policy document which sets out details of your cover and its limitations, and
- a policy schedule approved by us which sets out who is insured, the cover(s) selected, the period of insurance, the limits of liability and other important information. This is referred to as the policy schedule in the policy document.

You should carefully read and retain your policy document and your policy schedule. These documents should be read together as they jointly form the contract of insurance between you and us. Any new or replacement schedule we may send you, detailing changes to your insurance or the period of insurance will become the policy schedule, which you should carefully read and retain.

Our agreement with you

We will insure you for the cover(s) selected by you for the period of insurance shown in the policy schedule on the basis:

- that you have paid, or agreed to pay us the premium for the cover(s) you have selected in your proposal and which the policy schedule indicates are in force,
- of the information provided by you in the proposal which drew your attention to your Duty of Disclosure. If you failed to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the policy in respect of a claim or we may cancel your policy. If you have told us something which is fraudulent, we have the option of cancelling your policy from the effective date stated in the policy schedule.

For your assistance we have provided a full explanation of your Duty of Disclosure and the consequences of non-disclosure, under the heading “Your Duty of Disclosure”, on page 27.

Words with special meanings

Some of the words in your policy have special meanings wherever they appear. These words and their meanings are defined below.

“**cancer**” means the first definite diagnosis of any internal malignant tumour requiring treatment by surgery, radiotherapy, hormone therapy or chemotherapy. Included will be any malignant tumour considered to be too advanced or too serious for specific treatment to be warranted. Excluded are:

- tumours classed as carcinoma in situ, including cervical dysplasia classified CIN 1, 2 or 3, or

- bladder or prostate tumours classified as T1 or other equivalent or lesser classifications, or
- all skin cancers except melanomas of Breslow's thickness of 1.5mm or more depth of invasion and evidence of spread to lymph nodes.

“coronary artery bypass” means coronary artery bypass grafting surgery performed via a thoracotomy.

“date of trauma” means the date on which, in our opinion, the trauma has been conclusively diagnosed for the first time.

“elimination period” means the first 7 days of any claim commencing on the first date you are totally disabled or involuntarily unemployed.

“finance agreement” means the finance agreement described in the policy schedule.

“financial institution” means the financial institution named in the policy schedule.

“heart attack” means a diagnosed acute myocardial infarction that has been documented by the occurrence of chest pain, electro cardiographic evidence and appropriate elevation in cardiac enzymes/markers.

“illness” means illness, sickness or disease which first manifests itself while the policy is in force and does not include an injury.

“injury” means bodily injury caused solely by violent, accidental, external and visible means which first occurs while the policy is in force and does not include illness.

“involuntary unemployment/involuntarily unemployed” means a period during which you are registered and certified as unemployed by Centrelink following a

termination of your employment which was not by your choice.

“major stroke” means any infarction of brain tissue due to a cerebrovascular incident, which causes permanent functional impairment of at least 25% of whole person function, as confirmed by a consultant neurologist. It does not mean infarction of brain tissue as a result of bodily injury caused by violent, accidental, external and visible means.

“net balance due and payable” means the amount outstanding under the finance agreement at the date of your death or date of trauma plus any credit charges accrued for up to two months after that date. This amount does not include any arrears in finance repayments in excess of two months.

“period of insurance” means the period of time commencing on the effective date stated in the policy schedule and ending on the earlier of the expiry date shown on the policy schedule or the date the policy ends (see ‘When the policy ends’ on page 24). If there is a general increase in the interest rate charged by your financial institution resulting in the term of the finance agreement being extended, the expiry date shown on the policy schedule will be extended by up to six months in total, free of charge.

“permanent employment” means being employed on a regular basis for a period of not less than 20 hours per week.

“policy document” means this printed Esanda Loan Protection Insurance Policy Document.

“premium” means the amount paid for this insurance in respect of those parts of the policy which you have selected and which the policy schedule indicates are in force.

“totally disabled” means that, on the advice of a legally qualified medical practitioner, you are unable to attend or engage in your usual profession, business or occupation because you have suffered an injury or an illness.

“we”, “our” or “us” means:

- Allianz Australia Insurance Limited in respect of the disability and involuntary unemployment cover under Parts 2 and 3 of the policy,
- ING Life in respect of the trauma and death cover under Part 1 of the policy.

“you” or “your” means the insured person or persons named in the policy schedule.

Part 1 – If you have trauma and death cover

Part 1 of this policy applies only if it is stated to apply in the policy schedule and you have paid or agreed to pay the premium set out in the policy schedule.

1. **What we will pay**

We will pay to your financial institution the net balance due and payable by you under the finance agreement:

- a. in the event you are diagnosed with one of the following specified traumas (defined under “Words with special meanings” on pages 11 to 14):
 - cancer,
 - coronary artery bypass surgery,
 - heart attack, or
 - major stroke;

and the condition was diagnosed during the period of insurance.

- b. in the event you die during the period of insurance.

The maximum amount we will pay for all claims during the period of insurance is \$100,000.

2. When we will not pay your claim

a. More than one person

We will not pay more than one claim under this cover even if the policy is in the name of two insured persons.

b. Pre-existing injury or illness

We will not pay any claim made during the entire period of insurance for trauma or death which is directly or indirectly caused by any injury or illness for which:

- you received advice or treatment from a legally qualified medical practitioner within the six months before the commencement of the period of insurance.

If however, you held a previous policy with us under which we would have paid your claim, which has been cancelled and replaced by this policy, we will:

- accept the claim under this policy, and
- pay the amount that would have been payable under the cancelled policy for the period of insurance provided by that policy.

c. Criminal activity

We will not pay if your trauma or death is caused by you taking part in a criminal activity.

d. **War**

We will not pay if your trauma or death is caused by or arises from any war, hostilities or warlike operations (whether war be declared or not), rebellion, civil war, revolution, insurrection, military or usurped power, invasion, act of foreign enemy or popular or military rising.

e. **Self-inflicted injury**

We will not pay if your trauma or death is caused directly or indirectly by or arises from a deliberately self inflicted injury (including suicide).

f. **Illness during the first 90 days of cover**

We will not pay you if the illness which gives rise to the trauma manifests itself during the first 90 days of the period of insurance.

See also “Conditions of cover” on pages 23 to 24 and “Making a claim” on pages 25 to 26 which apply to this cover.

Part 2 – If you have disability cover

Part 2 of this policy applies only if it is stated to apply in the policy schedule and you have paid or agreed to pay the premium set out in the policy schedule. If you become totally disabled during the period of insurance we will pay to your financial institution, your finance repayment(s) (the benefit) due under the finance agreement. Our payment will continue for as long as you are totally disabled or until the policy ends, whichever happens first.

1. **What we will pay**

- a. We will pay a daily benefit at the rate of one-thirtieth of the minimum monthly repayment amount required under your finance agreement

for each day you are totally disabled after the elimination period up to a maximum monthly amount of \$3,000.

- b. The maximum total benefit we will pay during the period of insurance, no matter how many times you become totally disabled, is \$100,000.

2. When we will not pay your claim

a. More than one person

We will not pay in respect of more than one insured person for the same period.

b. Medical advice

We will not pay if you do not obtain or follow proper medical advice.

c. Pre-existing injury or illness

We will not pay any claim made during the period of insurance for disability which is directly or indirectly caused by any injury or illness for which:

- you received advice or treatment from a legally qualified medical practitioner within the six months before the commencement of the period of insurance.

If, however, you held a previous policy with us under which we would have paid your claim, which has been cancelled and replaced by this policy, we will:

- accept the claim under this policy, and
- pay the amount of benefit that would have been payable under the cancelled policy for the period of insurance provided by that policy.

d. **Liquor or drugs**

We will not pay if your disability arises out of you being rendered less capable than usual of taking care of yourself directly or indirectly because of:

- intoxicating liquor,
- narcotics, or
- drugs (other than a drug taken or administered by or in accordance with the advice of a legally qualified medical practitioner).

e. **Riot and civil commotion**

We will not pay if your disability is caused by you taking part in a riot, civil commotion, strike or lockout.

f. **Criminal activity**

We will not pay if your disability is caused by you taking part in a criminal activity.

g. **Professional Sports**

We will not pay if your disability is caused by professional racing of any kind (other than foot racing), or all forms of professional football, boxing or wrestling.

h. **War**

We will not pay if your disability is caused by or arises from any war, hostilities or warlike operations (whether war be declared or not), rebellion, civil war, revolution, insurrection, military or usurped power, invasion, act of foreign enemy or popular or military rising.

i. **Nuclear**

We will not pay if your disability is caused directly or indirectly by or arises from ionising radiation or contamination by radioactivity from:

- any nuclear fuel or nuclear waste,
- the combustion of nuclear fuel (including any self-sustained process of nuclear fission), or
- nuclear weapons material.

j. **Self-inflicted injury**

We will not pay if your disability is caused directly or indirectly by or arises from a deliberately self-inflicted injury.

See also “Conditions of cover” on pages 23 to 24 and “Making a claim” on pages 25 to 26 which apply to this cover.

Part 3 – If you have involuntary unemployment cover

Part 3 of this policy applies only if it is stated to apply in the policy schedule and you have paid or agreed to pay the premium set out in the policy schedule. If you become involuntarily unemployed during the period of insurance we will pay to your financial institution, your finance repayment(s) (the benefit) due under the finance agreement. Our payment will continue for as long as you remain involuntarily unemployed up to a maximum period of 120 days or until the policy ends, whichever happens first.

1. What we will pay

We will pay a daily benefit at the rate of one-thirtieth of the minimum monthly repayment amount required under your finance agreement for each day you are involuntarily unemployed after the elimination period to a maximum of \$4,000 per claim. The maximum amount payable during the entire period of insurance is \$10,000.

2. When we will not pay your claim

a. More than one person

We will not pay in respect of more than one insured person for the same period.

b. Permanently or self-employed

We will not pay if you were not engaged in paid permanent employment or were self-employed immediately before or on the effective date of the period of insurance.

c. 120 days benefit

We will not pay more than 120 days benefit for any one period during which you are involuntarily unemployed.

d. Permanently employed

We will not pay if you were not engaged in paid permanent employment at the beginning of the period of insurance.

e. 14 days employment prior to claim

We will not pay if you were not engaged in paid permanent employment for at least 14 consecutive working days immediately prior to any period of involuntary unemployment.

f. Involuntary unemployment during the first 14 days of cover

We will not pay if you become involuntarily unemployed during the first 14 days of the period of insurance.

g. Involuntary unemployment of which you were aware

We will not pay if you become involuntarily unemployed and at the time of completing the proposal for this insurance you were aware that this was going to occur.

h. **Seasonal employment**

We will not pay if your involuntary unemployment is caused by the seasonal or irregular nature of your work.

i. **Voluntary unemployment**

We will not pay if you voluntarily become unemployed.

j. **Injury or illness**

We will not pay if your involuntary unemployment is caused by any injury or illness.

k. **Contract employment**

We will not pay if your involuntary unemployment is caused by the end of a non-renewable contract which was limited to a specified work period.

l. **Liquor or drugs**

We will not pay if your involuntary unemployment arises out of you being rendered less capable than usual of taking care of yourself directly or indirectly because of:

- intoxicating liquor,
- narcotics, or
- drugs (other than a drug taken or administered by or in accordance with the advice of a legally qualified medical practitioner).

m. **Riot and civil commotion**

We will not pay if your involuntary unemployment arises out of you taking part in a riot, civil commotion, strike or lockout.

n. **Criminal activity**

We will not pay if your involuntary unemployment arises out of you taking part in a criminal activity.

o. **Misconduct**

We will not pay if your involuntary unemployment arises out of misconduct of any kind.

p. **War**

We will not pay if your involuntary unemployment is caused by or arises from any war, hostilities or warlike operations (whether war be declared or not), rebellion, civil war, revolution, insurrection, military or usurped power, invasion, act of foreign enemy or popular or military rising.

q. **Nuclear**

We will not pay if your involuntary unemployment is caused directly or indirectly by or arises from ionising radiation or contamination by radioactivity from:

- any nuclear fuel or nuclear waste,
- the combustion of nuclear fuel (including any self-sustained process of nuclear fission), or
- nuclear weapons material.

See also “Conditions of cover” on pages 23 to 24 and “Making a claim” on pages 25 to 26 which apply to this cover.

Conditions of cover

1. Changes to your policy

No part of your policy may be changed unless we agree to the changes in writing.

2. Cancellation of the policy

- a. You may cancel the policy or any part of the policy at any time by notifying us in writing or by contacting us using the details on the back cover. If the policy has been issued to more than one person each person must sign the notice.
- b. We have the right to cancel this policy where permitted by law. For example, we can cancel:
 - if you have failed to comply with your Duty of Disclosure, or
 - where you have made a misrepresentation to us during negotiations prior to the issue of this policy, or
 - where you have failed to comply with a provision of your policy, including the term relating to payment of premium, or
 - where you have made a fraudulent claim under your policy or under some other contract of insurance that provides cover during the same period of time that our policy covers you.
- c. If you or we cancel the policy after the cooling off period, we may deduct a proportion of the premium for the time on risk, reasonable administrative costs related to the acquisition and termination of the policy and any government taxes or duties (unless not permitted by any law).

3. When the policy ends

The policy will cease to be in force and all future claim payments under the policy will stop (unless otherwise agreed) at the earliest of the following dates:

- a. the expiry of the period of insurance;
- b. the date the policy is cancelled;
- c. the date the loan under the finance agreement is repaid;
- d. the date the finance agreement is cancelled;
- e. the 8th anniversary of the effective date of the period of insurance;
- f. the date your indebtedness under the finance agreement is transferred to someone else;
- g. the date you turn 65 years of age. When this policy insures joint insureds, cover for each individual insured will cease when that person turns 65 years of age;
- h. the date of trauma;
- i. the date of your death; or
- j. the date you no longer permanently reside in Australia.

Making a claim

1. What must be done to make a death claim

- a. The legal personal representative of your estate, or your financial institution must apply in writing to us as soon as practicable after your death. This application must be in the form which we require.
- b. The legal personal representative of your estate can obtain a claim form by contacting us.
- c. Proof, at the expense of your estate and in a form satisfactory to us, must be provided to us in order to establish your identity, the fact and cause of your death and the existence of the finance agreement.

2. What must be done to make a trauma claim

- a. You must tell us in writing as soon as you are reasonably able to after the date of trauma.
- b. You can obtain a claim form by contacting us.
- c. In support of your claim, you must give us any medical information or any other evidence (including medical certificates) which we may reasonably ask you to give us at your own cost.
- d. We may ask you to have a medical examination relating to a claim. If so, you must give us reasonable assistance in doing so. We will pay the cost of any examination we ask you to have.

3. What must be done to make a disability claim

- a. You must tell us in writing as soon as you are reasonably able to after you become totally disabled.

- b. You can obtain a claim form by contacting us.
- c. In support of your claim, you must give us any medical information (including medical certificates) which we may reasonably ask you to give us at your own cost.
- d. We may ask you to have a medical examination relating to a claim. If so, you must give us reasonable assistance in doing so. We will pay the cost of any examination we ask you to have.

4. What must be done to make an involuntary unemployment claim

- a. You must tell us in writing as soon as you are reasonably able to after you become involuntary unemployed.
- b. You can obtain a claim form by contacting us.
- c. In support of your claim, you must give us any documents or other information or any other evidence (including a certificate of unemployment from Centrelink) which we may reasonably ask you to give us. You must pay the cost of obtaining such documents.

5. Provision of information

When you make a claim you must give us all evidence and information we may reasonably require about the claim and the circumstances surrounding it. You must also answer any questions we ask you truthfully and fully and give us any other evidence that we ask for.

Other information

Your Duty of Disclosure

You have a duty to tell us before the policy is entered into, every matter known to you which:

- you know; or
- a reasonable person in the circumstances could be expected to know,

is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy. This duty also applies when you renew, extend, vary or reinstate the policy.

What don't you need to tell us?

You do not need to tell us about any matter:

- that diminishes our risk,
- that is of common knowledge,
- that we know or should know as an insurer, or
- that we tell you we do not need to know.

Who must tell us?

Everyone who is insured under the policy must answer the questions in this way.

What happens if you or they do not comply with this duty?

If you or they do not answer the questions in this way, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed, and pay nothing.

Privacy Act 1988 – Information

We collect your personal information directly from you where reasonably practicable or if not, from other sources. We collect it to provide our various services

and products (e.g. to market, arrange and administer insurance and to handle and settle claims) and to conduct market or customer research. We also use it to develop and identify services of our related companies and alliance partners that may interest you (but you can opt out of this by calling the Allianz Direct Marketing Privacy Service Line on 13 2664 EST 8am-6pm, Monday to Friday or indicate your decision in the appropriate area of the Privacy section of our website at www.allianz.com.au). If you do not provide the information we require we may not be able to provide you with this service.

We disclose information to third parties who assist us in the above (e.g. insurers, insurance intermediaries, insurance reference bureaus, related companies, our advisors, persons involved in claims, external claims data collectors and verifiers, your agents and other persons where required by law). We also provide this information to financiers and motor vehicle manufacturers if we have a relationship or insurance scheme in place with them under which you purchased your policy. We prohibit them from using it for purposes other than those we supplied it for. Where you provide us with information about another person for the above purposes, you must tell us if you haven't got their consent to this. If you wish to gain access to your personal information (including to correct or update it), have a complaint about a breach of your privacy or you have any query on how your personal information is collected or used, or any other query relating to Privacy, contact us on 13 2664 EST 8am-6pm, Monday to Friday.

General Insurance Code of Practice – providing you with even better service

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry.

We keenly support the standards set out in the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting us. Contact details are provided on the back cover of this policy.

Agent arrangements and agent's fee

This insurance has been arranged by an agent.

In regard to this insurance the agent is acting as our agent and not as your agent.

Under this arrangement the agent is paid commission by us for its introduction of customers and for the provision of services in relation to this insurance.

You may arrange insurance through any insurer of your choice.

Phoning for assistance and confirmation of cover

If you need to confirm any policy transaction or clarify any of the information contained in this policy document or if you have any other queries, please use the contact details on the back cover.

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For all general enquiries please call Esanda Insurance
on 1300 783 575

For all claims enquiries please call Allianz
on 1300 362 108

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