This form is for any changes that need to be made to your policy since its inception, or within the last 12 months. If you have any questions regarding this Renewal Declaration form, please call 0800 494 577 or email nz.eclcourier@aon.com for assistance. Please select one courier company from the options below: CourierPost Express Network Rural Post Provincial Delivery Contractor DHL Express YOUR DUTY OF DISCLOSURE Before you enter into a contract of general insurance, you have a duty to disclose to the insurer every matter that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have that duty after the proposal, and up until the time the insurer agrees to insure you. You have that duty before you renew, extend, vary, or reinstate a contract of general insurance. You do not need to tell the insurer anything that: reduces the risk; is common knowledge; your insurer knows or should know as an insurer; or the insurer waives compliance with relating to your duty of disclosure. If you are uncertain whether a particular matter should be disclosed to the insurer, please contact your Aon Client Relationship Manager. Non-disclosure If you do not tell your insurer anything you are required to disclose, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed. Insured policy details: **Driver 1** Date of birth: Name: Other: Male: Courier ID: Female: Landline: Cellphone: Email: Current address: Driver 2 Name: Date of birth: Male: Other: Female: Courier ID: Landline: Cellphone: Email: Current address:



Company information

Company name: Number of runs:



Gross earnings: \$

Vehicle or motorcycle details

Please complete this section of the declaration to update all details for the vehicles on your policy summary insured through the CourierCover scheme.

The total sum insured should include the vehicle value and the cost of any permanently fixed accessories plus any modifications done. Signwriting or decals on the vehicle is an optional cover capped at \$5,000.00, not to be added on top of Vehicle value and covered separately.

If the vehicle is less than 12 months old the market value stated should be the retail replacement cost, not the discounted price, with the additional cost (permanently fixed accessories and modifications) added on top of that value.

Higher options of Loss of use cover for rental vehicles, in case of a claimable event is available, please advise if you require this.

| Regis | tration | Vehicle value excl. GST | (optio | vriting/wrapCover onal cover capped ,000.00) | | ditional fixed permanent ccessories and their cost (tints, nudge bar etc) | Finance pa contac | rty nam | |
|--------------|---|-------------------------|--------|--|-----------|---|----------------------|---------|-----------|
| | | \$ | Yes□ | No□ | | | | | |
| | | \$ | Yes□ | No□ | | | | | |
| | | \$ | Yes□ | No□ | | | | | |
| | | \$ | Yes□ | No□ | | | | | |
| | | \$ | Yes□ | No 🗆 | | | | | |
| Declar 1. | or refused a claim? Details: Have you been found guilty of any criminal offence, driving conviction and/or infringement (excluding parking | | | | | | | No No | |
| | Туре с | of offence/conviction | | Date of offence/co | onviction | Ruling applied | | Amo | unt Fined |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | | | | | | | \$ | |
| 3. | Is there any further information that may affect the continuance of this insurance? Details: | | | | | | Yes | | No |
| 4. | Do you carry dangerous goods outside of the CourierPost Guidelines that require official sign-off by CourierPost, such as infectious substances or radioactive material etc.? Details: | | | | | | No 🔲 | | |
| 5. | | | | | | | Yes | | No 🗌 |





| 6. | Have any of yo | ur vehicles been altered from the | Yes | No 🗌 | | | | |
|--------|---|-------------------------------------|-----------------|------|-----------------------------------|----------------|--|--|
| | Details: | | | | | | | |
| 7. | Do you tow, an | d assume responsibility for third | party trailers? | | Yes | No 🗌 | | |
| | Details: | | | | | | | |
| 8. | Do you use you | ur vehicle/s for any other busines: | rier run/s? | Yes | No 🗌 | | | |
| | Details: | | | | | | | |
| | | | | | | | | |
| Optio | onal covers | | | | | | | |
| Please | Please select any of the optional cover/s you may require and fill in the details as requested. | | | | | | | |
| | | | | | | | | |
| | Additional Sca | | | | | | | |
| | | nner Cover | | | Sum Insured. Note: cover li | mit is \$2,000 | | |
| | Additional Sca | nner Cover | | | Sum Insured. Note: cover li | mit is \$2,000 | | |
| | Additional Sca | nner Cover e and model | | | | mit is \$2,000 | | |
| | Scanner mak Mobile Phone | nner Cover e and model | | | | | | |
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| | Additional Scal Scanner mak Mobile Phone Cell phone m RT Unit Cover | e and model Cover ake and model | Model | Rego | \$ Sum Insured. Note: cover li \$ | | | |





Agreement

I/We declare that:

- 1. I/We agree authorise the insurer to move the vehicle to a claim assessing centre for examination and assessment.
- Material facts:
 - a) All information given to NZI, a business division of IAG New Zealand Limited, in connection with the claim (whether oral or written) is true and correct;
 - b) No information relevant to the claim that I/we are aware of has been omitted intentionally;
- 3. Use of information:
 - a) My personal information collected by NZI in connection with this claim may be disclosed to:
 - i. Other members of the insurance industry and Insurance Claims Register Ltd;
 - ii. Parties repairing or replacing the subject-matter of the claim;
 - iii. Parties who have a financial interest in the subject-matter of the policy;
 - b) My personal information held by any other parties in connection with this claim may be disclosed to NZI.

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim(s).
- This information is held by us, and you may access it. It may be passed onto other insurers you deal with, repairers and mortgagees, etc.
- Your claims history is passed onto, and held by Insurance Claims Register Ltd. This enables other insurers you deal with to access it and
 prevents fraudulent claims.
- Failure to provide full and correct information could result in your claim being declined.

| Insured's signature: | Date: |
|----------------------|-------|



