

**Car Insurance  
Confirmation of Amendment**



000002/000011  
Mr J Pinilla & Ms R Parra  
1/127 Esplanade  
BRIGHTON SA 5048

**Your Car Insurance Details**

<b>Policy Number:</b>	MOT9780539
<b>Effective Date of Amendment:</b>	19 June 2023
<b>Payment Arrangement:</b>	Monthly Direct Debit
<b>Discount Applied:</b>	Up to 10% Online Discount
<b>Cover Type:</b>	Third Party Property Damage
<b>Registration Number:</b>	S730CVA

**Insured Vehicle:** 2010 VOLKSWAGEN POLO 66 TDI COMFORTLINE 6R 5D HATCHBACK DIESEL TURBO F/INJ DT4CYL 1.6L 5 SP MANUAL

23 June 2023

**Thank you for insuring with us – confirming changes to your policy**

Thank you for your recent request to alter your Car Insurance policy. Please check that your Certificate of Insurance accurately reflects the change you have requested and contact us at your earliest convenience if this is not the case. The change to your policy has not affected your premium.

**It is important that you review the Important Notices section over the page to remind you of your obligations in relation to the information you have provided and notify us of any changes.**

Once you have done this, if you do not need to contact us and you are comfortable that you have selected the most appropriate cover for your needs, you do not need to do anything further. Your premium will be debited from your nominated account as detailed below on 3 July 2023.

The change to your policy is effective from 19 June 2023.

As the recipient of this letter, you are responsible for ensuring that all policyholders are aware of this correspondence.

If you have any questions, please contact us.

**Payment Arrangements**

- You have chosen to pay your premium by direct debit in monthly instalments from your nominated account number 065005 XXXXX5078.
- The next instalment of \$26.03 will be debited on 3 July 2023.
- The remaining instalments of \$26.01 each will be debited on the 19th of each month.
- We will try to debit your nominated account as close to, but never before, the dates advised.
- Please complete the Direct Debit Request form at the end of this document and return it to us as soon as possible. The Service Agreement enclosed outlines the terms of your payment arrangement.



**When payment is made, the Certificate of Insurance, and any Confirmation of Amendment, may be used as a tax invoice for GST purposes.**

**Contact us**

Phone: 13 24 23

Email: [contactus@cbainsurance.com.au](mailto:contactus@cbainsurance.com.au)

Mail: PO Box 317, Silverwater NSW 2128

Hollard Insurance Partners Limited ABN 96 067 524 216, AFSL 235030 (Hollard) is the insurer for this product.





## Certificate of Insurance



**Please read this Certificate of Insurance in its entirety together with your Product Disclosure Statement (PDS) as together they set out the terms and conditions of your policy.**

### Important Notices

#### The importance of answering our questions correctly

We will ask you questions before we agree to insure you. We may also ask you questions before we agree to renew, extend, vary or reinstate your policy.

It is important you answer these questions fully and accurately because they form the basis of our decision whether to provide insurance to you and on what terms.

If you are not sure how to answer a question or need assistance with answering our questions, please contact us.

#### What is your duty?

Under the Insurance Contracts Act 1984 you have a duty to take reasonable care not to make a misrepresentation to us when answering our questions and providing us with information.

#### When does the duty apply?

This duty applies until we agree to insure you. It applies again before we agree to renew, extend or vary your policy and before any reinstatement. It also applies if you use a broker to act on your behalf.

#### What happens if you do not comply with the duty?

If you make a misrepresentation in breach of the duty, we may cancel your policy and reduce our liability in respect of a claim. If the misrepresentation is fraudulent, we may refuse payment of a claim, cancel your policy, and treat your policy as if it never existed.

#### More Than One Policyholder

If there is more than one policyholder listed on your policy then we are referring to all people named as policyholders jointly. That means:

- An act, statement or omission by any one of the policyholders listed on your Certificate of Insurance will be taken to be an act, statement or omission by another policyholder listed if the policyholder was complicit in, had knowledge of or ought to have been reasonably aware of the act, statement or omission;
- Each policyholder has an equal right to change or cancel the policy; and
- The policyholder who receives correspondence from us is responsible for notifying all other policyholders of the correspondence.

#### Fire, Storm and Flood cover

There is no cover for any claim made for Fire, Flood or Storm, within the first 24 hours of this policy unless:

- your policy is a renewal or replacement of similar insurance and there has been no break in cover; or
- you have owned your vehicle for less than 24 hours prior to the commencement of this policy.

#### 1. Your History

Please carefully read the questions in the following table and contact us immediately if any of the answers we have on record are incorrect. If you, or anyone else covered by this policy, have been charged with a criminal offence in the last 10 years, had a liability claim made against you or them, or lodged any relevant claims with another insurer in the last 3 years that do not appear in the table below, you must tell us immediately.



Important questions about your criminal history	Period	Answers we have on record
1) Have you, or any drivers been charged with or found guilty of a criminal offence relating to: <ul style="list-style-type: none"><li>• fraud or dishonesty;</li><li>• theft or robbery;</li><li>• arson;</li><li>• damage or threatened property damage;</li><li>• injury or threatened injury to persons;</li><li>• drugs; or</li><li>• stolen goods?</li></ul>	In the last 10 years	No

Important questions about your insurance history	Period	Answers we have on record
1) In respect of this or any other type of insurance held by you, has any insurer in the last 5 years: <ul style="list-style-type: none"><li>• Refused to pay or denied a claim?</li><li>• Refused to offer cover or invite renewal?</li><li>• Cancelled or avoided your policy?</li><li>• Imposed special conditions on your policy?</li></ul>	In the last 5 years	No



### 2. Your Policy Details

Please notify us immediately if:

- any information relating to the Policyholder/s or Declared Drivers is inaccurate or you would like to add or remove any Policyholder/s or Declared Drivers; and/or
- any information relating to your vehicle is inaccurate, incomplete or has changed.

### 3. Your Vehicle

You must contact us if, during the Period of Insurance:

- the drivers of your vehicle change; and/or
- the overnight location changes; and/or
- the usage or finance of your vehicle changes; or
- your vehicle is altered or modified.

## Your Cover

<b>Period of Insurance:</b>	19 June 2023 to 19 June 2024		
<b>Effective Date of Amendment:</b>	19 June 2023 to 19 June 2024		
<b>Policyholder/s:</b>	JUAN PINILLA	DOB 13 December 1990	
	ROSARIO PARRA	DOB 10 March 1993	
<b>Cover Type:</b>	Third Party Property Damage		
<b>Overnight Location:</b>	BRIGHTON SA 5048		
<b>Your Vehicle:</b>	2010 VOLKSWAGEN POLO 66 TDI COMFORTLINE 6R 5D HATCHBACK DIESEL TURBO F/INJ DT4CYL 1.6L 5 SP MANUAL which you have told us:		
	<ul style="list-style-type: none"> <li>is in good condition</li> </ul>	<ul style="list-style-type: none"> <li>is used for Private Use</li> </ul>	
<b>Registration Number:</b>	S730CVA	<b>VIN / Chassis:</b>	
<b>Financier:</b>	No finance advised	<b>Finance Type:</b>	Not applicable

### Your Third Party Property Damage Cover

The table to the right lists the Insured Events. For full details, including exclusions, claim limits and the terms and conditions of cover, please refer to the PDS.

Insured Events	Am I Covered?
<b>Insured Events</b>	
Damage from an identified uninsured driver	Yes
Legal liability	Yes

### Declared Drivers

You have told us that the following people will drive your vehicle:

Declared Driver	Date of Birth	Years Licenced	Your Declared Drivers attract the following policy conditions:
JUAN PINILLA	13/12/1990	10+ years	Standard policy terms and conditions apply
ROSARIO PARRA	10/03/1993	4-5 years	Standard policy terms and conditions apply

### Accident, Incident and Loss of Licence History

You have told us of the following events in the last 5 years:

Declared Driver	Date of Birth	Event	Date
JUAN PINILLA	13/12/1990	No accidents, Incidents or Loss of Licence/Restrictions	Not applicable



Declared Driver	Date of Birth	Event	Date
ROSARIO PARRA	10/03/1993	No accidents, Incidents or Loss of Licence/Restrictions	Not applicable

### Your Excesses

The amount we will pay for any claims will be reduced by the applicable excess.

Excess Type	Amount
Basic excess	\$500 (fixed)
Age excess - drivers under 25 years old	\$550 (in addition to any Basic excess)
Undeclared Young Driver excess - drivers under 25 years old not declared on your policy	\$1500 (in addition to any Basic excess)
Inexperienced Driver excess - drivers 25 years old and over, who have held an Australian driver's licence for less than 2 years	\$500 (in addition to any Basic excess)

### Your Amendment Premium

Your amendment premium breakdown	
Basic premium	\$0.00
Government charges:	
GST	\$0.00
Stamp Duty	\$0.00
<b>Total Amendment Premium:</b>	<b>\$0.00</b>

### Your Discount

This discount cannot be used in conjunction with any other discount (other than those listed in the relevant Product Disclosure Statement or any Supplementary Product Disclosure Statement) or in conjunction with any other promotional offer, unless we have advised in the promotional offer that this discount will apply. We may remove or change this discount effective from the renewal date. This discount cannot be backdated. Minimum premiums may come into force and reduce the extent to which discounts are applied.

### How we handle your personal information

The Commonwealth Bank Group and Hollard work together to bring you Car Insurance. You can find details of how we collect, use and handle your personal information in the PDS.

- You can find Hollard's Privacy Policy at [hollard.com.au/privacy-policy/](http://hollard.com.au/privacy-policy/)
- You can find the Commonwealth Bank Group Privacy Policy at [commbank.com.au/privacy](http://commbank.com.au/privacy) or requested at any CBA branch.

This completes your Certificate of Insurance

Provided by **Hollard.**



## **Hollard Insurance Partners Limited Direct Debit Request Service Agreement**

1. This is your Direct Debit Request Service Agreement with Hollard Insurance Partners Limited User ID 062246. It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.  
Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.
2. Please check your nominated account statement to verify that the amounts debited are correct.
3. You should check with your financial institution whether direct debiting is available from your account as the facility is not available on all accounts.
4. If the due date for the payment falls on a non-working day or public holiday, the payment will be processed on the next working day. You can refer to your Financial Institution if you are unsure when the debit will be processed.
5. We may vary the terms of the Direct Debit arrangement by giving you 14 days' written notice.
6. You can:
  - a) Cancel or suspend the Direct Debit Request; or
  - b) change, stop or defer an individual paymentTo do so, contact us at 13 24 23 or you can also contact your own financial institution.
7. Your Direct Debit arrangement remains in force until it is cancelled.
8. It is your responsibility to advise us if your nominated account is altered, transferred or closed.
9. If you believe there has been an error in debiting your account, you should notify us directly on 13 24 23. Alternatively you can contact your financial institution for assistance.
10.
  - a) It is your responsibility to ensure sufficient cleared funds are in the nominated debiting account when the payments are to be drawn.
  - b) If there are insufficient clear funds available in the nominated account to meet a debit payment
    - We reserve the right to recover the funds from you and take any steps permitted under the terms of your policy; and
    - you or your account may be charged a fee and/or interest by your financial institution
11. If you wish to notify us in writing about anything relating to this agreement, you should write to:  
PO Box 315  
Silverwater, NSW, 2128.  
We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request. If sent by mail, any communications are taken to be received on the day they would be received in the ordinary course of post
12. We will not disclose any details of your Direct Debit arrangement to any person or corporation unless required to do so by law or unless the information is required in relation to a disputed transaction.







### Hollard Insurance Partners Limited Direct Debit Request Form

Please complete this Direct Debit Request form and return it to us at:

**Hollard Insurance Partners Limited  
PO Box 317  
SILVERWATER NSW**

Name of Debit User:	Direct Debit User ID:
Hollard Insurance Partners Limited	062246
<b>Your customer debit details</b>	
Insurance policy number:	
MOT9780539	
Name and branch of Financial Institution at which account is held:	
Full Account Name:	
Account Number:	BSB Number:
ABN/ARBN:	Debit frequency (monthly/annual):

### Customer Authority

- 1) I/We authorise and request Hollard Insurance Partners Limited to arrange funds to be debited from my/our account at the financial institution identified and as prescribed above through the Bulk Electronic Clearing System (BECS).
- 2) I/We understand and acknowledge that:
  - a. this authorisation is to remain in force in accordance with the terms described in the Hollard Insurance Partners Limited Direct Debit Request Service Agreement.
  - b. the financial institution I/we have nominated may, in its absolute discretion, determine the order of priority of payment by it of any monies pursuant to this Request or any authority or mandate.
  - c. the financial institution I/we have nominated may, in its absolute discretion, at any time by notice in writing to me/us, terminate this request as to future debits.
  - d. Hollard Insurance Partners Limited may, by prior arrangement and notice to me/us, vary the amount or frequency or future debits.
  - e. Hollard Insurance Partners Limited may verify the details of the above-mentioned account with my/our nominated financial institution.
  - f. the financial institution I/we have nominated may release information allowing Hollard Insurance Partners Limited to verify the above-mentioned account details.

<b>Name of customer(s) authorising the Direct Debit:</b>	
<b>Account holder's signature :</b>	<b>Date:</b>
X	
<b>Account holder's signature :</b>	<b>Date:</b>
X	

