

MOTOR VEHICLE CLAIM FORM

To ensure prompt attention to **Your** claim, please complete this form in full and submit it to **Us** as soon as reasonably possible.

NOTE:

- Ensure the **Accident** description is accurate and all questions on the claim form have been answered in full.
- If **You** have already obtained a quotation for repairs, please submit together with this form.
- Repairs should not be commenced without approval from Dawes Motor Insurance other than emergency repairs up to the value of \$5,000 (including GST) as described and subject to the terms and conditions set out in the Product Disclosure Statement ('PDS').

IMPORTANT NOTICES

Defined Terms

We use words and expressions in this Claim form which have specific meanings. Where they appear throughout this form they are in bold font, start with a capital letter and have the meaning set out in the PDS.

Your PDS

This contract of insurance is arranged by Dawes Underwriting Australia Pty Ltd trading as Dawes Motor Insurance (ABN 18 050 289 506, AR No. 342982) ('Dawes'), an Authorised Representative of SGUAS Pty Ltd (ABN 15 096 726 895, AFSL 234437) ('SGUAS') who in turn acts under binding authority as agent for the **Insurer** of the product, Allianz Australia Insurance Limited (ABN 15 000 122 850, AFSL 234708) ('Allianz').

General Insurance Code of Practice

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.

The Code Governance Committee ('CGC') is an independent body that monitors and enforces insurers' compliance with the Code.

You can obtain more information on the Code of Practice and how it assists **You** by contacting **Us**. Contact details are provided at the top of this form.

For more information on the CGC go to <https://insurancecode.org.au/>.

Your Duty to take reasonable care not to make a misrepresentation

You must take reasonable care not to make a misrepresentation to **Us**. This responsibility applies until **We** issue **You** with a **Policy** for the first time or agree to renew, extend, vary/change, or reinstate **Your Policy**.

You must answer **Our** additional questions honestly, accurately and to the best of **Your** knowledge.

A misrepresentation includes a statement that is false, partially false, or which does not fairly reflect the truth. It is not a misrepresentation if **You** do not answer a question or **Your** answer is obviously not complete or is irrelevant to the question asked.

The responsibility to take reasonable care not to make a misrepresentation applies to everyone who will be insured under the **Policy**. If **You** are answering questions on behalf of anyone, **We** will treat **Your** answers or representations as theirs.

Whether or not **You** have taken reasonable care not to make a misrepresentation is to be determined having regard to all relevant circumstances, including the type of insurance, who it is intended to be sold to, whether **You** are represented by a broker, **Your** particular characteristics and circumstances **We** are aware of.

If You do not meet the above duty, We may reject or not fully pay **Your** claim and/or cancel **Your Policy**. If the misrepresentation was deliberate or reckless, this is an act of fraud, and **We** may treat **Your Policy** as if it never existed.

If **Our** information or questions are unclear, please contact Dawes.

Privacy Notice

In this Privacy section '**We**', '**Us**' or '**Our**' means Allianz Australia Insurance Limited, SGUAS and Dawes unless specified otherwise.

We give priority to protecting the privacy of **Your** personal information. **We** do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988* (Cth).

How We collect Your personal information

We usually collect **Your** personal information from **You** or **Your** agents. **We** may also collect it from **Our** agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist **Us** in investigating or processing claims, including third parties claiming under **Your Policy**, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that **You** are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

Why We collect Your personal information

We collect **Your** personal information to enable **Us** to provide **Our** products and services, including to process and settle claims; make offers of products and services provided by **Us**, **Our** related companies, brokers, intermediaries, business partners and others that **We** have an association with that may interest **You**; and conduct market or customer research to determine those products or services that may suit **You**. **You** can choose not to receive product or service offerings from **Us** (including product or service offerings from **Us** on behalf of **Our** brokers, intermediaries and/or **Our** business partners) or **Our** related companies by calling the Allianz Direct Marketing Privacy Service Line on 1300 360 529, EST 8am to 6pm Monday to Friday, or going to Allianz website's Privacy section at www.allianz.com.au, SGUAS on +61 2 9307 6656 or going to the SGUAS website's Privacy section at www.steadfastagencies.com.au, or Dawes on 1300 188 299 or going to the Dawes website's Privacy section at www.dawes.com.au.

If **You** do not provide **Your** personal information **We** require, **We** may not be able to provide **You** with **Our** services, including settlement of claims.

Who We disclose Your personal information to

We may disclose **Your** personal information to others with whom **We** have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to **You**. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, **Our** advisers, persons involved in claims, external claims data collectors and verifiers, parties that **We** have an insurance scheme in place with under which **You** purchased **Your Policy** (such as a financier or motor vehicle manufacturer or dealer). Disclosure may also be made to government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Disclosure overseas

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries this information may be disclosed to will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries

where the Allianz Group has a presence or engages subcontractors. **We** regularly review the security of **Our** systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

Access to Your personal information and complaints

You may ask for access to the personal information **We** hold about **You** and seek correction by calling Allianz on 1300 360 529 EST, SGUAS on +61 2 9307 6656 or Dawes on 1300 188 299 8am–6pm, Monday to Friday. **Our** Privacy Policies contain details about how **You** may make a complaint about a breach of the privacy principles contained in the *Privacy Act 1988* (Cth) and how **We** deal with complaints. Privacy Policy for Allianz is available at www.allianz.com.au. Privacy Policy for SGUAS is available at www.steadfastagencies.com.au. Privacy Policy for Dawes is available at www.dawes.com.au.

Telephone call recording

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where **We** have recorded a telephone call, **We** can provide **You** with a copy at **Your** request, where it is reasonable to do so.

Your Consent

By providing **Us** with personal information **You** and any other person **You** provide personal information for, consent to these uses and disclosures until **You** tell **Us** otherwise. If **You** wish to withdraw **Your** consent, including for things such as receiving information on products and offers by **Us** or persons **We** have an association with, please contact **Us**.

GST

All **Sums Insured** as shown on **Your Schedule**, being either **Market Value** or **Agreed Value** are inclusive of GST. In the event of a claim all amounts **We** pay will be inclusive of GST. If **You** are registered for GST purposes, **We** will reduce any claimed amounts paid to **You** by the appropriate input tax credit that **You** are or may be entitled to claim from the Australian Tax Office.

If **You** are entitled to an input tax credit for the premium **You** have paid, **You** must inform **Us** of the extent of that entitlement at or before the time **You** make a claim under this **Policy**. **We** will not indemnify **You** for any GST liability, fines or penalties that arise from or are attributable to **Your** failure to notify **Us** of **Your** entitlement (or correct entitlement) to an input tax credit on the premium.

If **You** are unsure about the taxation implications of this **Policy**, **You** should seek advice from **Your** accountant or tax professional.

Choice of Repairer

We may authorise repairs by **Your** chosen repairer, or pay **You** reasonable repair costs, or the car's agreed or market value. The **Insurer** of **Your Policy** has a list of repairers available on its website.

INSURED'S DETAILS

Name _____

Residential address _____

_____. Postcode _____

Email address _____

Phone number (H) _____ (M) _____

Policy number _____ **Policy** expiry date _____

INSURED MOTOR VEHICLE DETAILS

Make _____ **Sum Insured** _____ Chassis number _____

Model _____ Registration _____ Engine number _____

Year _____ Registration expiry _____ Speedometer reading _____

Type of use ☐ Private ☐ Business

Are **You** entitled to claim an Input Tax Credit on the GST portion of the premium applicable to the **Policy**? YES ☐ NO ☐

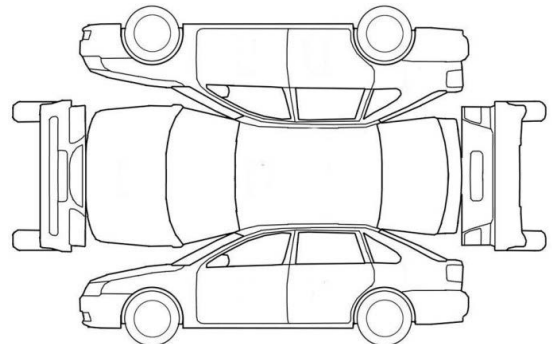
If Yes, please supply **Your** ABN _____ and specify the ITC% _____

DAMAGE SUSTAINED

Area damaged _____

Indicate on diagram the body panels damaged in this **Accident**

RHS



Address insured motor **Vehicle** towed to _____

Date of **Accident**/theft _____ Time of **Accident**/theft _____ am/pm _____

Place of **Accident**/theft _____

Road conditions ☐ Wet ☐ Dry ☐ Daylight ☐ Dark

Has the **Vehicle** been recovered? YES ☐ NO ☐

YOUR INSURED MOTOR VEHICLE

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was **Your** insured motor **Vehicle** on the correct side of the road **before** the collision? YES ☐ NO ☐

Was **Your** insured motor **Vehicle** on the correct side of the road **after** the collision? YES ☐ NO ☐

OTHER VEHICLE

Estimated speed 100m prior to impact _____ kph

Estimated speed on impact _____ kph

Was their **Vehicle** on the correct side of the road **before** the collision? YES ☐ NO ☐

Was their **Vehicle** on the correct side of the road **after** the collision? YES ☐ NO ☐

ACCIDENT DESCRIPTION

Plan of Accident - Make an approximate plan of the scene of the **Accident** showing the width of the roadway, positions of **Your** insured motor **Vehicle** and other **Vehicles** and persons involved, and direction **Vehicles** were travelling. If **Accident** occurred at an intersection, show traffic lights, stop signs, pedestrian crossing, etc.

Please mark insured motor **Vehicle** as 'A' and other **Vehicles** as 'B' etc. Show direction '>', eg 'A>'

DETAILS OF DRIVER OF INSURED MOTOR VEHICLE

PLEASE PROVIDE A PHOTOCOPY OF THE RELEVANT DRIVER'S LICENCE WITH THIS CLAIM FORM

Name _____ D.O.B. ____/____/____ Licence No. _____

Licence expiry date ____/____/____ Years licence held _____

In the last 5 years have **You**:

- had a motor **Vehicle** stolen? YES ☐ NO ☐ Details _____

- had **Your** licence suspended, cancelled or been disqualified from riding/driving or had a good behaviour period imposed? YES ☐ NO ☐ Details _____

- had any prior **Accidents** and/or claims? YES ☐ NO ☐ Details _____

Licence type ☐ Full ☐ Provisional ☐ Learners ☐ International

POLICE OR TRAFFIC OFFICER DETAILS

Did police attend **Accident** scene? YES ☐ NO ☐

Officer's name and Station attached to _____

If no, was the **Accident**/theft reported to the police? YES ☐ NO ☐ Police Report/Event No. _____

Did police order any breathalyser or blood alcohol test? YES ☐ NO ☐

Was the breathalyser or blood alcohol test taken? YES ☐ NO ☐ What was the reading? _____

Was any alcohol, medication or drugs consumed in the last 12 hours? YES ☐ NO ☐ Details _____

Was the driver driving with knowledge and consent of the **Insured**? YES ☐ NO ☐

POLICE OR TRAFFIC OFFICER DETAILS continued

Who was responsible for the collision? _____

Did any driver admit liability? YES ☐ NO ☐ Whom? _____

Has a fine or on-the-spot fine been imposed? YES ☐ NO ☐

PASSENGER DETAILS

Name/s _____ Name/s _____

Address/es _____ Address/es _____

WITNESS DETAILS

Name/s _____ Name/s _____

Address/es _____ Address/es _____

OTHER VEHICLE DETAILS

Owner's name _____ Mobile phone _____

Owner's address _____ Insurer _____

_____ **Vehicle** make _____

Driver's name _____ Registration _____

Driver's address _____ Driver's licence _____

Owner's name _____ Mobile phone _____

Owner's address _____ Insurer _____

_____ **Vehicle** make _____

Driver's name _____ Registration _____

Driver's address _____ Driver's licence _____

PROPERTY DAMAGE

Damage to property (fences, buildings, etc.) _____

Persons injured _____

DECLARATION

I declare that, to the best of my knowledge and belief, the information in this form is true, complete and correct and I understand the claim may be refused or reduced to the extent Allianz's interests are prejudiced if information is false or withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Dawes, SGUAS and Allianz using the personal information (including sensitive information) I have provided on this form for the purposes of processing my claim. I consent to the disclosure of personal information (including sensitive information) to third parties in order to process my claim. I consent to the disclosure of any personal information (including sensitive information) overseas where it is reasonably necessary for the processing of my claim. I understand that if this consent is not given Dawes, SGUAS and Allianz will not be able to process my claim.

Signature of the owner _____ Date / /

Signature of the owner _____ Date / /