



# Motor Vehicle Insurance Application

## IMPORTANT NOTICES

### 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).

### 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.

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

### Your Duty of Disclosure

Before you enter into this insurance with us, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth) ('the Act').

The Act imposes a different duty the first time you enter into a contract of insurance with us to that which applies when you vary, renew, extend or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or renewed, varied, extended or reinstated as applicable).

#### Your Duty of Disclosure when you enter into the contract with us for the first time

When answering our specific questions that are relevant to our decision whether to accept the risk of the insurance and, if so, on what terms, you must be honest and disclose to us anything that you know and that a reasonable person in the circumstances would include in answer to the questions.

It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the contract.

#### Your Duty of Disclosure when you renew the contract

Where applicable, we will tell you what your renewal duty of disclosure is prior to each renewal.

#### Your Duty of Disclosure when you vary, extend or reinstate the contract

When you vary, extend or reinstate the contract with us, your duty is to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of the insurance and, if so, on what terms.

#### What you do not need to tell us

Your duty however does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of our business as an insurer, ought to know; or
- as to which compliance with your duty is waived by us.

### Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, cancel the contract or both.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

Failure to comply with your duty of disclosure, especially concerning your driving history, including, but not limited to, speeding fines, could severely affect the result of any subsequent claim made on the policy and could lead to a claim being declined.

### 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; offer our products and services and those of our related companies, brokers, intermediaries and business partners 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](http://www.allianz.com.au), SGUAS on +61 2 9307 6656 or going to the SGUAS website's Privacy section at [www.steadfastagencies.com.au](http://www.steadfastagencies.com.au), or Dawes on 1300 188 299 or going to the Dawes website's Privacy section at [www.dawes.com.au](http://www.dawes.com.au).

#### 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. 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, 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](http://www.allianz.com.au). Privacy Policy for SGUAS is available at [www.steadfastagencies.com.au](http://www.steadfastagencies.com.au). Privacy Policy for Dawes is available at [www.dawes.com.au](http://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.

**All questions must be answered in full. If there is insufficient space to fully answer any question, please attach a separate sheet of paper. If you are unsure how to answer any questions, please contact your insurance adviser.**

# Motor Vehicle Insurance Application



**PERIOD OF INSURANCE:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_ Local standard time To \_\_\_\_/\_\_\_\_/\_\_\_\_ at 4.00pm Local standard time

**NAME OF APPLICANT:** Surname/Company Name \_\_\_\_\_  
Mr/Mrs/Miss/Ms Given names \_\_\_\_\_  
Phone (Bus hours) \_\_\_\_\_

**HOME ADDRESS:** Number and Street Name \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_

**MAILING ADDRESS FOR NOTICES:** *If different from above.*  
Number and Street Name \_\_\_\_\_  
Suburb/Town \_\_\_\_\_ Postcode \_\_\_\_\_  
Email Address \_\_\_\_\_

Please tick Yes if you consent to receiving your policy documents electronically. Yes  No

**REGISTERED OWNER OF VEHICLE:** Surname/Company Name \_\_\_\_\_  
Mr/Mrs/Miss/Ms Given names \_\_\_\_\_  
Phone (Bus hours) \_\_\_\_\_

**PURCHASE DETAILS:** Purchase Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Purchase Price \$: \_\_\_\_\_  
Purchased From \_\_\_\_\_  
Please choose whether you wish to insure your motor vehicle at a market value or agreed value:  
 Market Value  Agreed Value

**COVER OPTIONS:** **Please select the Cover required.**  
Full Cover (Comprehensive Cover) Yes  No   
Storage/Restoration Cover Only Yes  No  **NOTE: No cover when driven.**

**INFORMATION ABOUT VEHICLE:** Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Body Style \_\_\_\_\_  
Registration Number \_\_\_\_\_ VIN or Chassis Number \_\_\_\_\_  
**Was the vehicle sold new in Australia?** Yes  No   
**Is the vehicle Turbocharged/Supercharged?** Yes  No

**USE OF VEHICLE:** **NOTE: If the vehicle is used for any other purpose or in any other way than as described below, a claim may not be paid in part or in full.**  Private  Business

**USE:**  Daily commuting to/ from work  Daily non-commuting  Twice weekly or less  
 Twice monthly or less  Storage/ Restoration

**FINANCE:** **Is the vehicle under finance?** Yes  No  If Yes, to whom?: \_\_\_\_\_

**VEHICLE SECURITY:** **NOTE: This policy does not cover the vehicle if any anti-theft device, which you have told us is fitted, is not in good working order and activated when your vehicle is unattended.**

**Is an anti-theft device fitted?** (If Yes, please give details of all anti-theft devices fitted)  
Yes  No   Standard fitment from manufacturer

**ACCESSORIES & MODIFICATIONS:** **Does your vehicle have accessories? If yes, please list accessories fitted and the value of each item**  
(NOTE: accessories that we are not told about will not be covered)  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

**Does your vehicle have any changes from the manufacturer's standard original specifications? If yes, please provide details of any change to the vehicle from the manufacturer's standard original specifications** (NOTE: If the vehicle has modifications you do not tell us about, a claim may not be paid and/or the value of the modification/s will not be covered)

**CONDITION OF THE VEHICLE:**

Does the vehicle have any visible rust, hail or other un-repaired damage to the bodywork, paintwork or interior, or require any mechanical repair? Yes  No  If Yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARKING DETAILS:**

**What is the address where the vehicle is usually parked overnight?** (NOTE: This policy does not cover the vehicle if it is parked on the street when it is within 500m of the usual overnight parking address unless your policy schedule is endorsed to include overnight street parking.)

Street Name and Number \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**How is your vehicle parked overnight?**

(NOTE: Individual garage, caged in communal car park, uncaged in communal car park, carport (not visible from the street), carport (visible from the street) and driveway/off street are defined in the Words with Special Meanings section of the Product Disclosure Statement (PDS). Please make sure you are aware of the difference between them. Usual overnight parking address is also defined in the Words with Special Meanings section of the PDS.)

- Individual garage  Caged in communal car park  Uncaged in communal car park  Driveway/ off street  
 Carport (not visible from street)  Carport (visible from street)  Street parking  Other (please specify)

**Please provide the address where your vehicle is parked during the day**

Street Name and Number \_\_\_\_\_ Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

**Where is your vehicle parked during the day?**

- Company Carpark  Public Carpark  Public Carpark (Railway Station etc)  Street  Garage  
 Other (please specify) \_\_\_\_\_

**DETAILS OF ALL DRIVERS:**

This policy covers Authorised Drivers only. Please refer to the definition of Authorised Driver in the current Dawes Motor Vehicle Product Disclosure Statement.

Surname (List main driver first)	Given Name	Occupation	No Claim Bonus %	Date of Birth
				/ /
				/ /
				/ /
				/ /

**DRIVER HISTORY:**

(NOTE: It is your responsibility to ensure all answers provided are correct and complete, on behalf of yourself and all other drivers to be covered by this policy.)

**Have you or ANY of the Authorised Drivers listed on page 3 in the last 5 years:**

- had a conviction for any criminal offence? Yes  No
- been charged or convicted of arson, or any offence involving dishonesty e.g. fraud, theft, handling stolen goods etc? Yes  No
- had a driver's licence refused, cancelled, suspended, special conditions or good behaviour bond imposed or been disqualified from driving? Yes  No
- had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms, conditions or excess/es imposed? Yes  No
- been charged or convicted or fined for driving under the influence of alcohol or having a blood alcohol level in excess of that allowed by law? Yes  No
- been charged or convicted for driving under the influence of drugs? Yes  No
- refused to undertake a breath or blood test? Yes  No
- had a vehicle burnt or stolen even if recovered? Yes  No
- been declared bankrupt? Yes  No

If you have answered Yes to any of the above questions, please provide full details in the table below. If insufficient space, please attach a separate sheet.

Driver's Name	Details	Date	Cost Fine/Penalty
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

**DRIVER HISTORY cont'd:****Have you or any of the Authorised Drivers listed on page 3, in the last 5 years:**

1. had a motor vehicle accident or loss or made a claim under a motor vehicle insurance policy (regardless of who was at fault)? Yes  No
2. been convicted, charged, prosecuted or fined for any driving or motoring offence including but not limited to speeding, traffic infringements (other than parking offences) and camera detected offences? Yes  No

If you have answered Yes to any of the above questions, please provide full details in the table below. If insufficient space, please attach a separate sheet.

Driver's Name	Details Claim/Fine/Motoring or Driving Offence	Date	Cost Fine/Claim/Penalty
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

**DECLARATION BY THE APPLICANT:****I/we declare that:**

- The Duty of Disclosure and Privacy Notice incorporated in this application has been read and understood by me/us.
- All answers and statements made in this application are true, complete and correct and that no information has been withheld.
- I/we consent to Dawes, SGUAS and the insurer using the personal information (including sensitive information) I/we have provided on this form for the purposes of administering my/our insurance. I/we consent to the disclosure of personal information (including sensitive information) to third parties and overseas where it is reasonably necessary for the purposes of administering my insurance. I/we understand that if this consent is not given Dawes, SGUAS and the insurer may not be able to administer my/our insurance.
- I/we understand that the 'Important Notices' in this application are for my/our assistance, and agree I/we must read the Product Disclosure Statement for full details of all policy terms, limits, conditions and exclusions.
- I/we acknowledge Dawes, SGUAS and the insurer may give to, and obtain from, other insurers and/or insurance/financial reference bureau, parts or service providers, personal information relating to this application and/or policy as well as insurance claims information obtained during the currency of this policy.
- I/we understand that all authorised drivers must be declared, otherwise cover may not apply.
- I/we understand that if I/we have elected to reduce the premium payable for this policy due to a restricted use of the vehicle, I/we must comply with the usage restrictions or the vehicle may not be insured.
- I/we have received or downloaded from the internet the Financial Services Guide and Product Disclosure Statement.
- Before completing this application form, I/we have read and understood the Application Form, Financial Services Guide and Product Disclosure Statement.

Signed: \_\_\_\_\_

Date: / /

**APPLICATION RETURN:****You can return the completed application form to us in the following ways:****Post:**PO Box A2016,  
Sydney South, NSW 1235**Fax:**

+61 2 9307 6699

**E-mail:**

insure@dawes.com.au



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