



Dirt Bike Insurance Application

Your Duty of Disclosure

You must tell us

When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you or anyone else to be insured under the policy, and on what terms.

Who needs to tell us

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

If you do not tell us

If you do not answer our questions in this way, even by mistake, we may refuse to pay a claim, or cancel the policy, or both. If you answer the questions fraudulently, we may refuse to pay a claim and treat the policy as never having existed.

Unusual Terms

The policy you are applying for contains what may be considered unusual terms. These are listed in the Product Disclosure Statement (PDS). We strongly recommend that you read the PDS and the entire Policy Wording to make yourself familiar with all the terms and conditions of the Policy.

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.

PERIOD OF INSURANCE

From _____ to _____ at 4.00 P.M Local standard time

THE INSURED

Full Name of Insured: _____

Phone: _____

Insured's Postal Address: _____

Postcode: _____

Name of any other interested party:
i.e. bank or finance company _____

DETAILS OF BIKES

Year, Make & Model	Engine Number	Frame/VIN Number	Purchase Date	Purchase Price	Sum Insured*
			/ /	\$	\$
			/ /	\$	\$
			/ /	\$	\$
			/ /	\$	\$
				Total	\$

*The sum insured should be the current market value

DETAILS OF STORAGE

Address where bikes are normally stored overnight: _____

Postcode: _____

Garage Communal Parking Area Driveway, front or backyard of usual overnight parking address listed above

Other (please specify) _____

Are the items left in or on a Motorcycle overnight when not at the usual place of storage? YES NO

If yes, please specify what security measures are taken:

HISTORY OF INSURED

Have you or any of the named riders in the last 5 years had a vehicle and/or motorcycle accident or loss or made a claim under a motor vehicle and/or motorcycle insurance policy. YES NO

If Yes, please give details _____

Had a motorcycle stolen and/or burnt? YES NO

If Yes, please give details _____

Has any insurer declined insurance or imposed any special conditions? YES NO

If Yes, please give details _____

Have you or any person covered by this insurance been convicted of any criminal charges in the last five years YES NO

If Yes, please give details _____

DECLARATION BY THE INSURED:

I/we declare that:

- The Duty of Disclosure statement 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 have read and understood the application and policy.
- I/we understand that the "Notes" in this application are for my/our assistance, but I/we must read the Product Disclosure Statement and Policy Wording for full details of all policy terms, conditions and exclusions.
- I/we acknowledge Dawes Underwriting Australia Pty Ltd t/as Dawes Motor Insurance 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 drivers must be declared, otherwise cover will 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 Motorcycle, I/we must comply with the usage restrictions or the Motorcycle will not be insured.
- The answers provided are true, complete & correct on behalf of all persons to be insured.
- I/we have received or downloaded from the internet the Financial Services Guide, Product Disclosure Statement and Policy Wording.
- Before completing this application form, I/we have read and understood the Financial Services Guide, Product Disclosure Statement and Policy Wording.

Signed: _____ Date: / /

PRIVACY:

The information collected on this proposal form will be used to assess your request for insurance and to provide other insurance services in accordance with our privacy policy. Calliden authorises Dawes Underwriting Australia Pty Ltd t/as Dawes Motor Insurance (Dawes) to collect this information on Calliden's behalf and to use it for Dawes' purposes. In addition Calliden may share your information with other third parties, as defined in the privacy policy, in order to undertake insurance services. If you do not complete the proposal form in full, and in accordance with your duty of disclosure, Calliden may not be able to provide you with insurance or may impose additional conditions on any cover provided.

In accordance with Calliden's privacy policy you may obtain access at any time to information that Calliden or its service providers hold on you. If you would like to contact Calliden about privacy, or would like to obtain a copy of the privacy policy you may do so through one of the following means:

- obtain the privacy policy online at www.calliden.com.au
- by phone 02 9551 1111
- by email to privacy@calliden.com.au
- by letter to Privacy Officer, PO Box 348, Milsons Point NSW 1565

APPLICATION RETURN:

You can return the completed application form to us in the following ways:

Post:

PO Box 595
Milsons Point
NSW 1565

Fax:

1300 807 462

E-mail:

insure@dawes.com.au



Dawes Underwriting Australia Pty Ltd
trading as Dawes Motor Insurance
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