



Motorcycle 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

Surname: _____

Given Names: _____

Date of Birth: _____ Phone No.: _____

Postal Address: _____

Postcode: _____

Occupation: _____

Are you the registered owner(s) of the motorcycle? YES NO

If NO, who is the registered owner? _____

Name & Address of Finance Company: _____

Type of Finance: Hire Purchase Lease Mortgage/Bill of Sales Other

MOTORCYCLE DETAILS

Make: _____ Model: _____ Capacity (cc): _____

Year Made: _____ Purchase Date: _____ Purchase Price: _____

Reg No.: _____ Engine No.: _____

Value to be Insured: Motorcycle \$ _____

Side Car / Trailer \$ _____

Accessories \$ _____

Rider Apparel \$ _____

TOTAL AGREED VALUE \$ _____

**MOTORCYCLE
DETAILS cont'd**

Is the motorcycle used for: Private Business

Is the motorcycle to be insured, used for daily commuting to and from work? YES NO

Is the motorcycle fitted with any accessories or has it been modified in any way? YES NO

If yes, please supply details: _____

Is cover required for a Side Car or Trailer? YES NO

If yes, please supply details: _____

Trailer Reg No.: _____

Is cover required for Riding Apparel? YES NO

If yes, please supply details: _____

Is the motorcycle fitted with Security/Anti-Theft Device? YES NO

If yes, please indicate:

Alarm Immobiliser Alarm & Immobiliser Tracking Device Kill Switch

Other Please describe: _____

PARKING DETAILS:

What is the address where the motorcycle 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.)

Street Name and Number _____
 _____ Suburb _____ Postcode _____

How is your motorcycle parked overnight?

(NOTE: Garage and Communal Parking Area are defined in the Words With Special Meaning section of the Policy Wording. Please make sure you are aware of the difference between them. Usual overnight parking address is also defined in the Words With Special Meaning section of the Policy Wording.)

Garage Carport Communal parking area/apartment complex Other (please specify)

Where is your motorcycle parked during the day?

Home Company Carpark Public Carpark Public Carpark (Railway Station etc) Street Garage
 Other (please specify) _____

Please provide the address where your motorcycle is parked during the day

Street Name and Number _____
 _____ Suburb _____ Postcode _____

DETAILS OF ALL RIDERS: This policy covers Authorised Riders. Please refer to the definition of Authorised Rider in the current Dawes Motorcycle Product Disclosure Statement.

	Rider's Name	% of use	Date of Birth	Yrs Current Australian Motor vehicle Licence held	Yrs Current Australian Motorcycle Licence held	Licence No.	Class	Expiry Date
Rider 1			/ /					/ /
Rider 2			/ /					/ /
Rider 3			/ /					/ /
Rider 4			/ /					/ /

RIDER/DRIVING 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 Riders listed on page 2 in the last 5 years:

- 1. had a conviction for any criminal offence? YES NO
- 2. been charged or convicted of arson, or any offence involving dishonesty e.g. fraud, theft, handling stolen goods etc? YES NO
- 3. had a drivers and/or motorcycle licence refused, cancelled, suspended, special conditions imposed or been disqualified from driving? YES NO
- 4. had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms, conditions or excess/es imposed? YES NO
- 5. been charged or convicted or fined for driving/riding under the influence of alcohol or having a blood alcohol level in excess of that allowed by law? YES NO
- 6. been charged or convicted for driving/riding under the influence of drugs? YES NO
- 7. had a vehicle and/or motorcycle burnt or stolen even if recovered? 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/Rider's Name	Details	Date	Cost Fine/Penalty
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

Have You or any of the Authorised Riders listed on page 2, in the last 5 years:

- 1. had a motor vehicle and/or motorcycle accident or loss or made a claim under a motor vehicle and/or motorcycle 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/Rider's Name	Details Claim/Fine/Motoring or Driving Offence	Date	Cost Fine/Claim/Penalty
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

MEDICAL CONDITIONS:

- 1. Do you or any of the Authorised Riders listed on page 2, currently suffer from or have suffered from in the last 5 years, any physical or mental disability or medical condition which would affect your or their driving performance? YES NO
- 2. Are you or any of the Authorised Riders listed on page 2, currently dependant on or have you or they been dependant on in the last 5 years, any drug or medication which could affect your or their riding performance? YES NO

If you have answered Yes to either of the above questions, please provide details

OTHER VEHICLES:

Do you own or have use of any other vehicle?

If yes, please provide details

NO CLAIM BONUS:

We will use this information to confirm your No Claim Bonus. You do not need to forward any documentary proof of your No Claim Bonus entitlement.

Your current No Claim Bonus entitlement % or rating number

Years of accident/claim free motoring

We will use your accident free motoring period to grant you a discretionary No Claim Bonus.

DECLARATION BY THE APPLICANT:

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 vehicle, I/we must comply with the usage restrictions or the vehicle 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
PO Box 595 Milsons Point NSW 1565
Tel: 1300 188 299
Fax: 1300 807 462
ABN: 18 050 289 506
AR No. 342982