



DAWES MOTOR INSURANCE

MOTOR VEHICLE CLAIM FORM

PO Box 2717 Taren Point NSW 2229

Telephone: 1300 188 299

Facsimile: +61 2 9307 6699

Email: claims@dawes.com.au

www.dawes.com.au

Before completing this claim form please contact our specialist claims team on 1300 188 299 to discuss the most suitable repairer for your vehicle, or advise of your choice of repairer should you have an existing preference.

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 top 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, 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.

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. 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.

GST

If you are not registered for GST, in the event of a claim we will reimburse you the GST component in addition to the amount that we pay. The amount that we are liable to pay under this policy will be reduced by the amount of any input tax credit that you are or may be entitled to claim for the supply of goods or services covered by that payment.

Therefore the value and limits of liability noted in your policy schedule are exclusive of any input tax credit which you are or would be entitled to claim.

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 liable to pay an excess under this policy, the amount payable will be calculated after deduction of any input tax credit that you are or may be entitled to claim on payment of the excess.

If you are unsure about the taxation implications of this policy, you should seek advice from your accountant or tax professional.

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	<input type="checkbox"/> Private	<input type="checkbox"/> Business

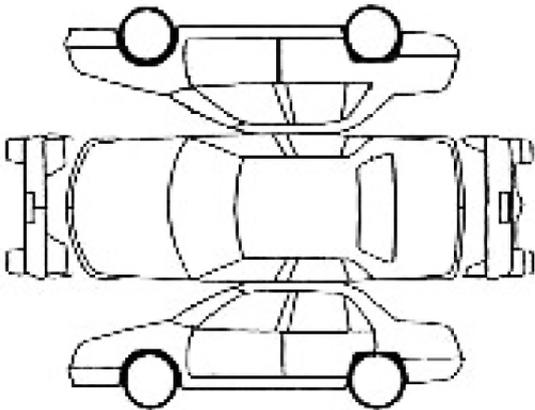
Are you entitled to claim an Input Tax Credit on the GST portion of the premium applicable to the policy? Yes No

If yes, please supply your ABN _____ and specify the ITC% _____

DAMAGE SUSTAINED

Area damaged _____

Indicate on diagram the body panels damaged in this accident



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 RELVEANT DRIVER'S LICENCE WITH THIS CLAIM FORM

Name	D.O.B	/	/	Licence No.
In the last 5 years have you:	Had a motor vehicle stolen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Details</u>
	Had your licence suspended, cancelled or been disqualified from riding/driving or had a good behaviour period imposed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Details</u>
	Had any prior accidents and/or claims?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<u>Details</u>

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 number: _____

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 the driver driving with knowledge and consent of insured? Yes No

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 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 the insurer 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 the insurer will not be able to process my claim.

Signature of owner	Date
_____	_____
Signature of owner	Date
_____	_____