

MOTORCYCLE INSURANCE APPLICATION

IMPORTANT NOTICES

Defined Terms

We use words and expressions in this **Application** 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.

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
THE INSURED

From ___/___/___ at ___ Local standard time To ___/___/___ at 4.00pm Local standard time

Surname _____
 Given Names _____
 Date of Birth _____ Phone No. _____
 Postal Address _____
 _____ Postcode _____
 Email Address _____

Please tick Yes if **You** consent to receiving **Your Policy** documents electronically. YES NO

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

Make _____ Model _____ Capacity (cc) _____

Year Made _____ Purchase date _____ Purchase Price \$ _____

Reg No. _____ Engine No. _____

Level of Cover

Comprehensive YES NO Storage/Restoration YES NO Forty Plus YES NO

Value to be insured **Agreed Value** **Market Value**

Motorcycle \$ _____
Sidecar/Trailer \$ _____
Accessories (non-standard/after market) \$ _____
TOTAL VALUE \$ _____

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** (including a sidecar or **Trailer**) fitted with any **Accessories** or has it been modified in any way? 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 _____

MOTORCYCLE DETAILS

PARKING DETAILS

What is the address where the Motorcycle is usually parked overnight?

(NOTE: This **Policy** does not cover **Your Motorcycle** if it is parked:

- at or within a 500-metre radius of the **Usual Overnight Off-Street Parking** category and address shown on **Your Schedule**; and
- between the hours of 10.00pm and 5.00am.

You must park Your Motorcycle at the Overnight Parking address in accordance with that category of Usual Overnight Off-Street Parking.

You must also notify Us of a change of the Overnight Parking address shown on Your Schedule as soon as reasonably possible after that change.

If You do not comply with any of these conditions, We can reduce or refuse to pay a claim to the extent that We are prejudiced by that failure.

There is no cover for overnight street parking unless Your Policy Schedule is endorsed to include overnight street parking.)

PARKING DETAILS
cont'd:

Street Name and Number _____
 _____ Suburb _____ Postcode _____

How is Your Motorcycle 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 'Definitions Applicable to all Sections of the Policy' in the Dawes Motorcycle Insurance PDS. Please make sure **You** are aware of the difference between them. **Usual Overnight Parking Address** is also defined in the 'Definitions Applicable to all Sections of the Policy' in 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) _____

Where is Your Motorcycle parked during the day?

- Home Company Carpark Public Carpark (Railway Station, etc.)
 Public Carpark Garage Street
 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** only. Please refer to the definition of **Authorised Rider** in the current Dawes Motorcycle Insurance PDS.

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

RIDING/DRIVING HISTORY

(NOTE: It is **Your** duty to ensure all answers provided are correct and complete, on behalf of **Yourself** and all other riders to be covered by this **Policy**. Please contact the roads and traffic governing body in **Your** state prior to answering these questions to confirm the accuracy of **Your** responses.)

Have You or ANY of the Authorised Riders listed on page 4 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 rider's/driver's licence refused, cancelled, suspended, special conditions or good behaviour bond imposed or been disqualified from riding/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 riding/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 riding/driving under the influence of drugs? YES NO
- refused to undertake a breath or blood test? YES NO
- had a vehicle and/or **Motorcycle** 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.

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

RIDING/DRIVING HISTORY cont'd:

Have **You** or any of the **Authorised Riders** listed on page 4, 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.

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

DECLARATION

I/we declare that:

- The Duty to take reasonable care not to make a misrepresentation 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 **Motorcycle**, I/we must comply with the usage restrictions or the **Motorcycle** may not be insured.
- I/we have received or downloaded from the internet the Financial Services Guide, Product Disclosure Statement and Target Market Determination.
- Before completing this **Application** form, I/we have read and understood the **Application** form, Financial Services Guide, Product Disclosure Statement and Target Market Determination.

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
Email: insure@dawes.com.au