



Motor Vehicle Insurance Application

www.dawes.com.au

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 Hostsure Underwriting Agency Pty Ltd (ABN 44 108 154 829, AFSL 268726) ('Hostsure') who in turn acts as agent for the insurer of the product, Great Lakes Reinsurance (UK) SE (ARBN 127 740 532, ABN 18 964 580 576, AFSL 318603) trading as Great Lakes Australia ('Great Lakes Australia'). Great Lakes Reinsurance (UK) SE is a limited liability company incorporated in England and Wales.

General Insurance Code of Practice

Great Lakes Australia is a signatory to the General Insurance Code of Practice ('the Code'). The Code aims to raise standards of service between insurers and their customers.

For any information about the Code, including a copy of the Code, contact us or the Financial Ombudsman Service Australia on 1800 367 287 or visit www.codeofpractice.com.au.

Your Duty of Disclosure

Before you enter into or renew an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Act).

The Act imposes a different duty when you:

- enter into the policy with us for the first time;
- renew your policy; and
- you vary, extend or reinstate your policy.

We set these duties out below.

The duty applies until the policy is entered into, or where relevant, renewed, extended, varied or reinstated (Relevant Time). If anything changes between when the answers are provided to us or disclosures are made and the Relevant Time, you need to tell us.

Duty of disclosure when applying for this policy

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Duty of disclosure on renewal of your policy

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change.

If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

Duty of disclosure on variation, extension or reinstatement of your policy

If you have already entered into a policy and you are proposing to vary, extend or reinstate the policy your duty of disclosure changes. You have a duty to tell us of anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. If you are not sure whether something is relevant you should inform us anyway.

You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

Who needs to tell us?

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

If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both.

If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

Privacy

In this Privacy section 'we', 'us' or 'our' means Great Lakes Australia, Hostsure and Dawes, unless specified otherwise.

We are committed to the safe and careful use of your personal information in the manner required by the *Privacy Act 1988* (Cth) and the Australian Privacy Principles.

We collect your personal information in order to assess your application for insurance and, if your application is accepted, to administer and manage your policy and respond to any claim that you make. To do this, your personal information may need to be disclosed to reinsurers and service providers and related entities who carry out activities on our behalf, such as assessors and facilitators, some of whom may be located in overseas countries. Our contractual arrangements generally include an obligation for these reinsurers, service providers and related entities to comply with Australian privacy laws.

By providing us with your personal information, you consent to the disclosure of your personal information to reinsurers, service providers and related entities in overseas countries to enable us to assess your application, to administer and manage your policy and to respond to any claim that you make. If you consent to the disclosure of your personal information to overseas recipients, and the overseas recipient handles your personal information in a way other than in accordance with the Australian privacy laws, we may not be responsible for the handling of your personal information by the overseas recipient.

If you choose not to provide your personal information and/or choose not to consent and/or withdraw your consent to the disclosure of your personal information at any stage, we may not be able to assess your application or administer and manage your insurance policy and respond to any claim that you make.

Our privacy policies contain information on how you may access personal information that each of us hold, or seek correction of your personal information and information on how to make a complaint about the handling of your personal information and how complaints are handled. If you require more information, you can access the Great Lakes Australia Privacy Policy and Privacy Statement at www.munichre.com/io/gla/en/privacy_statement.aspx, Hostsure Privacy Policy at www.hostsure.com.au and Dawes Privacy Policy at www.dawes.com.au.

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.

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.
☐ Private ☐ Business

USE: ☐ Commuting to/from work ☐ Daily non-commuting ☐ Twice / Week or Less ☐ Twice / Month or Less ☐ Not Driven

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.)

Street Name and Number _____ Suburb _____ Postcode _____

How is your vehicle parked overnight?

(NOTE: Individual locked garage, secure communal garage, caged in a communal garage, locked shed, carport (not visible from the street), carport (visible from the street) are defined in the Words with Special Meanings 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 Meanings section of the Policy Wording.)

☐ Individual locked garage ☐ Secure communal garage ☐ Caged in a communal garage ☐ Locked shed
☐ Carport (not visible from street) ☐ Carport (visible from street) ☐ 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:

- | | |
|--|--|
| 1. had a conviction for any criminal offence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. been charged or convicted of arson, or any offence involving dishonesty e.g. fraud, theft, handling stolen goods etc? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. had a driver's licence refused, cancelled, suspended, special conditions or good behaviour bond imposed or been disqualified from driving? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. had any insurance declined or cancelled, been refused renewal of any insurance, or had special terms, conditions or excess/es imposed? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. 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 <input type="checkbox"/> No <input type="checkbox"/> |
| 6. been charged or convicted for driving under the influence of drugs? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. refused to undertake a breath or blood test? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. had a vehicle burnt or stolen even if recovered? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. been declared bankrupt? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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
		/ /	
		/ /	
		/ /	
		/ /	
		/ /	

MEDICAL CONDITIONS:

1. Do you or any of the Authorised Drivers listed on page 3, 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 Drivers listed on page 3, 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 driving performance? Yes ☐ No ☐

If you have answered Yes to either of the above questions, 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 and Privacy 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 consent to Dawes, Hosture 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, Hostsure and the insurer will not be able to administer my/our insurance.
- I/we understand that the 'Important Notices' 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, limits, conditions and exclusions.

- I/we acknowledge Dawes, Hosture 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 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 and 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: / /

**APPLICATION RETURN:**

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

Post: PO Box 348 Milsons Point NSW 1565
Fax: 1300 662 215
E-mail: insure@dawes.com.au

Dawes Underwriting Australia Pty Ltd
trading as Dawes Motor Insurance
PO Box 348 Milsons Point NSW 1565
Tel: 1300 188 299
Fax: 1300 662 215
ABN: 18 050 289 506
AR No. 342982