

DAWES MOTOR INSURANCE MOTOR VEHICLE CLAIM FORM

P.O. Box 2717
Taren Point NSW 2229
Phone: 1300 188 299
Fax: 1300 662 215

claims@dawes.com.au

To ensure prompt attention to your claim, please complete this form in full and submit it to us as soon as possible.

- NOTE: Ensure the accident description is accurate and all questions on the claim form have been answered in full.
 - Please obtain a quotation from a repairer of your choice and submit it to us with this form or as soon as possible.
 - Repairs may not be commenced without authority from Dawes Motor Insurance other than emergency repairs up to the
 value of \$500 as described in the PDS.

IMPORTANT NOTICES

Insurer and Authorised Representative

This policy is arranged by Dawes Underwriting Australia Pty Ltd trading as Dawes Motor Insurance (ABN 18 050 289 506, AR No. 342982) (Dawes) as an Authorised Representative of Calliden Insurance Limited (ABN 47 004 125 268, AFSL 234438), the insurer of the product.

General Insurance Code of Practice

Calliden is a signatory to the General Insurance Code of Practice. 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 Calliden or the Financial Ombudsman Service on 1300 78 08 08 or visit www.codeofpractice.com.au

Your Duty of Disclosure

Whether you are entering into a policy for the first time or are proposing to renew, vary, extend or reinstate a policy you have a duty of disclosure.

Your duty of disclosure for new policies

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 the answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

Your duty of disclosure for renewals

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

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.

What you are not required to disclose

Your duty does not require disclosure of matters that:

- reduce the risk
- are common knowledge
- we know or, in the ordinary course of our business, ought to know, and
- we have indicated we do not want to know.

If you do not tell us

If you do not answer our questions in this way or disclose everything you know, we may reduce or refuse to pay a claim, or

cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim and treat this policy as never having been in force.

Failure to comply with your duty of disclosure, especially concerning your driving history, including, but not limited to, speeding fines, yours and/or the driver's traffic and accident history could severely affect the result of any subsequent claim made on the policy and could lead to a claim being declined.

Privacy Statement

Both Calliden and Dawes respect your privacy. Any personal information provided by you will be treated in accordance with the *Privacy Act 1988* (Cth). This privacy notification provides a summary of how Calliden and Dawes treat your personal information.

Calliden and Dawes collect your personal information to assess your request for insurance, to administer your policy, to settle an insurance claim, provide other insurance services as requested by you, and also to notify you about other services or promotions from time to time.

If you do not provide the information requested you may breach your duty of disclosure, your claim may not be capable of being accepted, your policy may not be able to be administered or it may be difficult to assess your claim.

In order to provide its insurance services Calliden and Dawes may need to disclose your personal information to third parties including, but not limited to: agents, underwriters, advisors and brokers; claims management and other service providers; claims adjusters, loss assessors and other claims investigators; lawyers; reinsurers and reinsurance brokers; and the Financial Ombudsman Service, or as required by law (for a full list see Calliden's and Dawes' Privacy Policy). Calliden and Dawes may disclose your personal information (including sensitive information) to overseas reinsurers for the purpose of assessing your claim. Calliden and Dawes will only share information with third parties where Calliden and Dawes reasonably believe it is necessary in assessing your insurance claim and in providing the products and services requested.

Calliden's and Dawes' Privacy Policy contains information about how to access and correct the personal information about you and also how to complain about a breach of privacy. If you would like additional information about privacy or would like to obtain a copy of the Privacy Policy, please contact Calliden's Privacy Officer by:

• Tel: 1300 00 2255

Fax: 1300 662 215

Email: privacy@calliden.com.au

 Mail: Privacy Officer, PO Box 348, Milsons Point NSW 1565.

You can download a copy of Calliden's and Dawes' Privacy Policy by visiting www.calliden.com.au/docs/PrivacyPolicy.pdf

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.

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.

Dispute Resolution Process

If you think we have let you down in any way, or our service is not what you expect (even if through one of our representatives), please tell us, so we can help. We are committed to resolving your complaint fairly.

If you have a complaint, contact us by:

Tel: 1300 729 935Fax: 1300 662 215

Email: servicefeedback@calliden.com.auMail: GPO Box 3208, Melbourne VIC 3001

Please refer to your Product Disclosure Statement and Policy for full details of our Dispute Resolution Process.

INSURED'S DETAILS			
Name			
Residential address			
		Postcode	
Email address			
Phone number (H)		(M)	
Policy number	Policy expiry date		
INSURED MOTOR VEHICLE DETAIL	.s		
Make	Sum insured	Chassis number	
Model	Registration	Engine number	
Year	Registration expiry	Speedometer reading	
Type of use	Private	Business	
DAMAGE SUSTAINED			
Area damaged		Indicate on diagram the body panels da accident	amaged in this
Repairer's name			
Repairer's address			
Repairer's phone number			
Is insured motor vehicle drivable? Yes	s No Is insu	ured motor vehicle at repairer's? Yes No)
Date of accident	Time of accident	am/pm	
Place of accident	Time of acoldoni	an pin	
Road conditions	☐ Wet ☐ Dry ☐ [Daylight Dark	
Your insured motor vehicle		odyngrit <u>Dark</u>	
Estimated speed 100m prior to impact	kph I	Estimated speed on impact	kph
Was your insured motor vehicle on the co			
Was your insured motor vehicle on the co Other vehicle	medi side of the road aπer the	CONSIDER LYES LYNO	
Estimated speed 100m prior to impact	kph E	Estimated speed on impact	kph
Was their vehicle on the correct side of the		Yes No	·
Was their vehicle on the correct side of the	Г	Yes □ No	

ACCIDENT I	DESCRIPTION		
ACCIDENT	2001III 11014		
insured motor intersection, sl	vehicle and other vehicles and persons involve how traffic lights, stop signs, pedestrian crossin	ed, and direction vel ng, etc.	wing the width of the roadway, positions of your nicles were travelling. If accident occurred at an
Please mark in	nsured motor vehicle as 'A' and other vehicles a	as 'B' etc. Show dir	ection '>', eg 'A>'
DETAILS OF	F DRIVER OF INSURED MOTOR VEHICLE		
☐ PLEASE PR	OVIDE A PHOTOCOPY OF YOUR DRIVERS L	ICENCE WITH THIS	S CLAIM FORM
Name		D.O.B / /	Licence No.
In the last 5	Had a motor vehicle stolen?	☐ Yes ☐ No	Details
years have you:	Had your license suspended, cancelled or been disqualified from riding/driving or had	☐ Yes ☐ No	Details
	a good behaviour period imposed?		
	Had any prior accidents and/or claims?	☐ Yes ☐ No	Details
POLICE OR	TRAFFIC OFFICER DETAILS		
Did notice attend	accident scene?	☐ Yes ☐ No	
	nd Station attached to	L res L NO	
If no, was accide		Yes No	Police Report/Event number:
	any breathalyser or blood alcohol test?	Yes No	Tolloc Hoport Everte Harribet.
Was test taken?	any breatharyser or blood alcohol test:	Yes No	What was the reading?
	g with knowledge and consent of insured?	Yes No	what was the reading:
	sible for the collision?		
Did any driver ad		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	
Owners name	Mobile phone
Owners address	Insurer
	Vehicle make
Drivers name	Registration
Drivers address	Drivers licence
Owners name	Mobile phone
Owners address	Insurer
	Vehicle make
Drivers name	Registration
Drivers address	Drivers licence
DD00EDT/D1110E	
PROPERTY DAMAGE	
Damage to property (fences, buildings, etc)	
Persons injured	
-	
DECLARATION	
I declare that, to the best of my knowledge and belief, the i refused or reduced if information is withheld.	information in this form is true and correct and I understand the claim may be
I understand that I may have to provide relevant document.	ation to enable complete consideration of my claim.
	ation I have provided on this form for the purposes of processing my claim.
I consent to the disclosure of sensitive information to third personal information (including sensitive information) overse	parties in order to process this claim. I consent to the disclosure of any eas where it is reasonably necessary for the processing of the insurance and Dawes will not be able to process this insurance claim.
Signature of owner	Date
Signature of owner	Date