



75 North Lake Road  
P O Box 3016  
Myaree WA 6154  
08 9317 8400 tel  
08 9317 8499 fax  
admin@sgua.com.au

# Mobile Telephone Application

### DETAILS OF APPLICANT(S)

Name(s): \_\_\_\_\_ Occupation of principal user: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ p/c \_\_\_\_\_ Finance Company \_\_\_\_\_

### EQUIPMENT DETAILS

Year of manufacture: \_\_\_\_\_ Manufacture \_\_\_\_\_  
Model number: \_\_\_\_\_ Serial/IMEI number: \_\_\_\_\_  
Mobile phone number: \_\_\_\_\_  
Accessories details: \_\_\_\_\_

### What cover is required?

- \* Australia-wide only
- \* Worldwide extension

### DETAILS OF COVER

Commencement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sum Insured\*:(incl. accessories) \$ \_\_\_\_\_

\* Please nominate Sum Insured based on:  
*Recommended Retail Price* (if a current model)  
*OR* *Market Value* (if not a current model)

### QUESTIONS AND DECLARATION:

\* Have you suffered any previous loss or damage to this or any similar equipment? ..... **YES / NO**

If "YES" please give details: \_\_\_\_\_

\* Is the equipment in good order and condition? ..... **YES / NO**

\* Has any insurer ever declined to insure or refused to renew or imposed special conditions for ANY type of insurance for you, the proposer, or any person or company interested in this insurance? ..... **YES / NO**

If "YES" please give details: \_\_\_\_\_

---

## YOUR DUTY OF DISCLOSURE

Before you enter into a contract of insurance with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your application for insurance is acceptable and to calculate how much premium is required for your insurance. You will be asked various questions when you apply for this policy. When you answer these questions you must:

- \* give us honest and complete answers,
- \* tell us everything that you know, and, everything that a reasonable person in the circumstances could be expected to tell us

You do not need to tell us about any matter:

- that diminishes our risk,
- that is common knowledge;
- that we know or should know as an insurer, or, that we tell you we do not need to know.

**TO WHOM DOES THE DUTY APPLY?** Everyone who is insured under the policy must comply with the relevant duty

**WHAT HAPPENS IF YOU OR THEY BREACH THE DUTY?** If you or they do not comply with the relevant duty we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

**DUTY ON RENEWALS, VARIATIONS AND REINSTATEMENTS** A new duty applies for any variation, renewal or reinstatement of the policy. Please refer to your Policy Document (Product Disclosure Statement) for this duty.

---

The Privacy Act 1988 contains National Privacy Principles which require us to tell you that as an agent for an insurer we collect, handle, store & disclose your personal and sensitive information in order to decide whether to issue a policy, determine the terms and conditions of your policy, compile data, and handle claims.

In certain circumstances, we disclose personal information to third parties with whom we deal to provide the relevant services and products. For example in handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents, and others involved in the claims-handling process, or as required by law. We limit the use and disclosure of any personal information provided by us to them to the specific purpose for which it was supplied by us.

You have the right to seek access to your personal and sensitive information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your application.

---

This declaration applies to all the insurance you are applying for in this application.

I declare that I have:

- \* received a copy of the Policy Document (Product Disclosure Statement);
- \* read the information concerning the duty of disclosure and other important notices;
- \* answered every question fully & frankly;
- \* either completed this application form personally or, if it has been completed by somebody else, I have checked that the questions have been fully and accurately answered.

**If anything happens during the period of the insurance that alters any of the information I have provided, I will promptly inform St George Underwriting Agency. I realise that if I have not complied with my duty of disclosure my claim may not be met.**

By signing the application I authorise the insurer to:

- \* obtain any information it may need about my claims and prior insurance history from my previous insurer(s);
- \* make enquiries from third parties to verify claims history and other information
- \* disclose my claims history to any insurance intermediary I appoint;
- \* refer to the database of Insurance Reference Services Ltd to confirm the information I have supplied;
- \* I acknowledge I have read and understood the Privacy Act 1988 information detailed above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons covered by this application.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Underwritten by:*

UKAWA Pty Ltd AFS Licence No 236663 ABN 59 009 357 582 trading as **St George Underwriting Agency**  
as underwriting agent for

Allianz Australia Insurance Ltd AFS Licence No 234708 ABN 15 000 122 850

