

INFORMATION REQUEST – ELIGIBILITY ASSESSMENT

AAI & MTA CAR DEALER ADD-ON INSURANCE SETTLEMENT ADMINISTRATION Zoey Anderson-Vaughan v AAI Limited and others

You have previously registered to participate in the AAI & MTA Car Dealer Add-On Insurance Class Action. However, we need to determine if you are eligible to participate in the settlement administration.

To do this, you are required to provide further information to us, which we will use to attempt to match you with purchaser information provided to us by the defendant.

If you do not provide this information by the deadline, you will not be eligible to participate in the settlement and you forfeit any potential compensation you may otherwise be entitled to, unless you have already been matched to an eligible policy.

You must complete and send this form to Maurice Blackburn:

- a) by email to aai_addonclassaction@mauriceblackburn.com.au; or
- b) by post to Level 21, 380 La Trobe Street, Melbourne, VIC, 3000

We must receive this form by **12 October 2025** for it be considered.
Late submissions will not be accepted.

Claimant Details

These details should be the details of the person who purchased the add-on insurance in a car dealership.

Today's Date

Registration ID
(if known)

Your Registration ID is in your original registration confirmation email and on your Eligibility Assessment Information Request email or letter.

First Name

Middle Name

Last Name

Claimant's Other Name

Has the claimant been known by an alternative name (such as a voluntary name change, maiden/married name) **or** is there another person whose name the policy may be in (for example a spouse, immediate family member, or a company name)?

First Name

Middle Name

Last Name

Purchase Contact Details		
Please provide your previous contact details from the time you purchased the add-on insurance, for example, where you lived at the time you purchased your vehicle even if you no longer reside there. These are the details the defendants would have on file.		
Email Address		
Mobile Number		
Street Address		
Postal Address (if different)		
Current Contact Details		
Please enter your current details so we can contact you about this claim. If your details have changed since you last contacted MB about this class action, please provide your previous and current details below so we can identify your registration.		
First Name		
Last Name		
Email Address		
Mobile Number		
Current Postal Address (optional)	<p><i>Please note: We will not provide general updates via post. We recommend you provide an email address as it is the most efficient way for us to contact you.</i></p>	
Registration & Opt Out Notice		
Did you receive a <u>Registration & Opt Out Notice</u> about the AAI & MTA class action in <u>April, May or August 2024</u> via text message, email or post? If yes:		
Your Class Action ID number (if known)	<p><i>The CA ID is located at the top left corner of the front page of the <u>Registration & Opt Notice</u>, which was a Court notice sent to group members in 2024. If you do not know it, leave this question blank.</i></p>	
How did you receive the <u>Registration & Opt Out Notice</u> in 2024? (Fill in any details that apply)		
Email address	Phone number	Postal address

Your Products

Only add-on insurance products purchased with a motor vehicle or motorcycle from a dealership between 1 May 2006 and 30 June 2018 are eligible for this class action.

Please provide details about the claimant's add-on insurance products which is the subject of this claim (to the extent that they are known to you).

This class action does not relate to comprehensive or compulsory third-party insurance.

You may leave any questions blank if you do not know the answer.

Add-On Insurance Product 1

What date did the claimant purchase the vehicle or product?

Please provide a date between 1 May 2006 and 30 June 2018. Policies purchased outside this period are not eligible.

What is the policy number of the add-on insurance product?

What is the name of the add-on insurance product purchased?

The eligible products are: Loan Protection Insurance, Motor Equity Insurance (GAP Insurance), Cash Benefit Insurance, Extended Motor Warranty, and Tyre and Rim Insurance

Add-On Insurance Product 2

What date did the claimant purchase the vehicle or product?

What is the policy number of the add-on insurance product?

What is the name of the add-on insurance product purchased?

Additional Add-On Products

Please describe any additional add-on products purchased (product type, policy number, date of purchase). Please note we will not review any separate contract documents submitted.

Claimant Declaration

By sending this form to Maurice Blackburn, you acknowledge that:

- you are the registrant or are acting on behalf of and with the authority of the registrant;
- the information you have provided is true and correct to the best of your knowledge; and
- You understand that Maurice Blackburn will use the information you have provided to attempt to match your details to the purchaser information provided to MB by the defendants. You understand that if MB is unable to match you to the purchaser records, you will not be entitled to compensation from the settlement.