

INFORMATION REQUEST - ELIGIBILITY ASSESSMENT

ALLIANZ CAR DEALER ADD-ON INSURANCE SETTLEMENT ADMINISTRATION

Tracy-Ann Fuller & Anor v Allianz Australia Insurance Limited & Anor

You have previously registered to participate in the Allianz 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 Allianz.

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.

You must complete and send this form to Maurice Blackburn:

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

If we do not receive this form by <u>13 July 2025</u>, you will not be eligible to participate in the settlement.

Claimant Details

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

Date					
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 name, married name) <u>or</u> is there another person whose name the policy may be					
in (for example a spouse or immediate family member)?					
First Name					
Middle Name					
Last Name					

Purchase Contact Details

Please provide your previous contact details <u>from the time you purchased the add-on insurance</u>, for example, where you lived <u>at the time you purchased your vehicle</u> even if you no longer reside there. These are the details Allianz would have on file.

you no longer resid	ie ine	ere. Triese are trie details Alliai	nz would have on file.				
Email Address							
Mobile Number							
Street Address							
Postal Address							
(if different)							
	C	Current Contact Details					
Please enter your curren	t deta	ails so we can contact you abo	out 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							
		Registration Notice					
Did you receive a Registration Notice about this class action in May or June 2024 via text							
message, email or post? If yes:							
Your Class Action ID							
number							
(located in the top left							
corner of the 1st page of							
your Registration Notice							
How did you receive the Registration Notice in 2024? (Fill in any that apply)							
Email address		Phone number	Address				

Your Products

Only add-on insurance products purchased with a motor vehicle or motorcycle from a dealership between 1 June 2006 and 27 September 2021 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 does not relate to comprehensive or compulsory third-party insurance.

If you do not know the answer to a question, please leave blank and continue with the questions.

Add-On Insurance Product 1						
What date did the claimant purchase						
the vehicle or product?						
Please provide a date between 1 June 2006 and 27						
September 2021. 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), 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).						

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 Allianz.
 You understand that if MB is unable to match you to the purchaser records, you will not be entitled to compensation from the settlement.

Signature		