



AUSTRALIA ZOO  
**WILDLIFE  
WARRIORS**  
WORLDWIDE



## Compulsory Third Party Insurance Nomination Notice

|   |   |   |
|---|---|---|
| <b>Registered operator's details</b>  |   |   |
| Individual/s (if registered in joint names, only details of one operator required)  |   |   |
| Family name   | Given name/s                              |   |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> |   |
| Driver licence number   | Date of Birth                             |   |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> |   |
| <b>Organisation (if registered owner is a business)</b>   |   |   |
| Organisation Name   | ACN/Business Number                       | Customer Reference Number                 |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <b>Vehicle details</b>  |   |   |
| Registration number/s   | Make and Model (eg Ford, Falcon)          | Body Shape (eg Sedan)                     |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <b>Nomination</b>   |   |   |
| I wish to nominate <input style="width: 100px;" type="text" value="Allianz"/> as my CTP insurer to take effect from the start of the next registration renewal period |   |   |
| <b>Registered operator's signature</b>  | Date                                      | <b>OFFICE USE ONLY</b>                    |
| <input style="width: 100%;" type="text"/>   | <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <b>ALLIANZ USE ONLY</b>   |   |   |
| <input style="width: 100%;" type="text" value="4 3 0 0 6 8 5"/>   |   |   |

Completed forms can be sent (No postage stamp required) to:

**Allianz Australia Insurance Ltd**  
**CTP & Dealer Division, QLD**  
**Reply Paid 1028**  
**Brisbane Q 4001, or**  
**Fax 07 3023 7873**

**PRIVACY**

We use the information we collect to provide our services. For example we use it to arrange cover and to manage and settle claims under the policy. We provide the information to third parties that assist us in doing this such as other insurers, loss adjusters, insurance reference bureaux and your and our agents. We limit the use and disclosure of any personal information provided by us to them for the specific purpose for which we supply it.

**Where you provide us with information about other persons you must have their consent to do this on their behalf. If not you must tell us. To access or change the personal information you can call us.**

**More questions? If you have any questions about your Allianz CTP cover please call our Customer Service Centre on 13 1000 – 24 hours a day, 7 days a week.**

Allianz Australia Insurance Limited ACN 000 122 850