

# Proposal Form

## Personal Accident & Illness Insurance

Arranged through ASR Underwriting Agencies Pty Ltd Underwritten by Certain Underwriters at Lloyd's



### IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE PROPOSAL FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS PROPOSAL FORM.

This proposal must be typed, or completed in ink and signed and dated by such person (Proposer/You/Your) who must be of legal capacity and authorised by the Proposer to seek a quotation for Personal Accident Insurance and any additional coverage that may be provided by the Insurer. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay quotation.

Should there be insufficient room in the Proposal Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Proposer to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

For the purpose of the Proposal and for all purposes relating to any policy issued pursuant to this Proposal, a 'material fact' shall be deemed to be one that would be likely to influence an Insurer's judgement and acceptance of Your Proposal.

Upon acceptance of the Insurers' terms and conditions and payment of the premium, all information provided by the Proposer together with the guidance notes will be deemed to be incorporated in the contract between Insurers and the Proposer.

#### Your Duty of Disclosure

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984*.

If we ask you questions that are relevant to our decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions.

You have this duty until we agree to insure you.

#### If you do not tell us something

If you do not tell us anything you are required to tell us, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed.

#### Privacy

We are committed to protecting your privacy. We use the information you provide to us to assist with your insurance needs. We provide your information to insurance underwriters, brokers and agents that provide insurance quotes and offer insurance terms to you or the companies that deal with your insurance claim (such as loss assessors and claims administrators). Your information may be given to certain Underwriters at Lloyd's when we are seeking insurance terms from them, or to reinsurers who are located overseas. We also supply your information to the providers of our policy administration and underwriting systems that help us to maintain our products and services. You will be advised where those companies are located at the time any advice is given to you. We do not trade, rent or sell your information. If you do not provide us with full information, we cannot properly seek insurance terms for you, or assist with claims and you could breach your duty of disclosure.

For more information about how to access the personal information we hold about you and how to have the information corrected and how to complain if you think we have breached the privacy laws, ask us for a copy of our Privacy Policy by telephone to our Privacy Officer on 07 3442 3301 or visit our website [www.asruw.com.au](http://www.asruw.com.au)

Broker

Contact Name

Phone

Fax

Email

## General Information

Full Name of Insured(s)

Occupation

Details of Occupational Duties

Address

State  Postcode

Telephone

Email Address

Date of Birth  Height  Weight

Date you require cover to commence

Tick which type of cover you require

Personal Accident ONLY

Personal Accident & Illness

Please state the amount of benefit per week you require \$

Show percentage of work performed in each state.

NSW	<input type="text"/> %	ACT	<input type="text"/> %	QLD	<input type="text"/> %	WA	<input type="text"/> %
VIC	<input type="text"/> %	TAS	<input type="text"/> %	SA	<input type="text"/> %	NT	<input type="text"/> %

Please answer the following questions YES or NO and give details in the main box below where applicable:

1. Have you any physical defect or infirmity, or any defect of your sight or hearing or other senses and facilities?      yes       no
2. Have you ever suffered from clinical depression or anxiety, or any nervous or mental condition, fainting episode, blackouts, fit or paralysis of any kind?      yes       no
3. Have you ever suffered from high blood pressure, a heart condition, haemorrhoids, varicose veins or other circulatory disorder, rheumatic fever or diabetes?      yes       no
4. Have you ever suffered from a slipped disc or other spinal disorder, a hernia, or any rheumatic or arthritic condition?      yes       no
5. Have you ever suffered from any respiratory, urinary or allergic condition or any disorder of the digestive system?      yes       no
6. Have you ever suffered from any other condition or injury needing medical advice or treatment in the past three years, or any symptom or tendency that might necessitate this in the future?      yes       no
7. Have you ever received counselling or any medical advice, test or treatment, in connection with AIDS or any AIDS related condition?      yes       no
8. Do the weekly benefits under all insurances carried by you, including this proposed one, exceed 70% of your average weekly net earnings?      yes       no
9. Do you anticipate that you might travel extensively or reside temporarily outside the Australia during the Policy Period?      yes       no
10. Do you anticipate that you might undertake more than 20 air flights per annum, or fly by other than as a fare-paying passenger? (If so, please state full details & expected number of flights)      yes       no
11. Do you anticipate that you might engage in football, rugby, equestrian or winter sports or any hobbies/ pastimes rendering you liable to personal injury, as an additional premium may be required?      yes       no
12. Have you ever been declined or accepted on special terms for life, accident or illness insurance?      yes       no
13. Are there any additional facts affecting the proposed insurance which should be disclosed to the Underwriters?      yes       no

## General Information

If you have answered Yes to any of the questions 1 to 13 above, please provide full details below:

Question	Dates and details where questions answered YES

## Declaration

### DECLARATION

I believe the above statements to be true and complete and understand that they will form the basis for Underwriters' consideration of my request for insurance.

I declare that apart from the matters declared above I am in good health and ordinarily enjoy good health.

I consent to the Underwriters seeking medical information from any doctor who has at any time attended me concerning anything that affects my physical or mental health and seeking information from any Insurance Office to which a proposal has been made for insurance on my life and I authorise the giving of such information.

Signature  
Person to be Insured

Dated

Name and Address of  
Proposer if other than  
person to be insured

State

Postcode

Tel No

Signature

Dated

## Important Notice

The proposal form should be completed to the best of your knowledge and belief, and all MATERIAL FACTS (See following \*) should be disclosed.

Failure to do so may nullify cover under any insuring document issued. (\*A MATERIAL FACT is one that is likely to influence the Underwriters' acceptance or assessment of your proposal; if in any doubt please consult your Insurance Broker). You may find it helpful to keep an independent record of the information you supply in connection with the proposal, including copies of any relevant letters. A copy of your completed proposal form is available from your Insurance Broker on request within three months. If you consider the answer to any questions in the proposal form requires expert knowledge which you do not have, please indicate this in your answer.

Cooling off period: If within 14 days of accepting this insurance you discover that it is unsuitable, your premium will be refunded to you provided you have not made a claim