

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 policy, it is Your duty to disclose every matter that You know, or could reasonably be expected to know, to be relevant to the Insurer's decision whether to give You insurance cover and, if so, on what terms.

Consequences of Non-Disclosure or Misrepresentation

If You breach Your duty of disclosure; the Insurer(s) may be able to refuse to pay a claim or to cancel Your policy. The same applies where You have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the Insurer(s) may be able to 'avoid' Your policy. This means that the Insurer(s) can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect Your ability to obtain other insurance in the future.

If You are unsure whether some information may be disclosable or not we suggest You call Your insurance broker and seek guidance.

Privacy

We are committed to protecting Your privacy. We only use the personal information You provide to us to quote on and insure this risk. We only provide Your personal information to our Insurer(s) and Reinsurers (and their representatives) and those we appoint to assist us with claims under Your policy (ies). We do not trade, rent or sell Your information. Some or all of the Insurer(s) and Reinsurers may be overseas.

If You don't provide us with complete information, we cannot properly quote for Your insurance and we cannot insure You. You can check the information we hold about You at any time. For more information about our Privacy Policy, ask us for a copy. Copies of the Proposal Form should be retained for Your own records.

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 \$

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

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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