

## APPLICATION FORM

INDIVIDUAL PERSONAL ACCIDENT

INDIVIDUAL PERSONAL ACCIDENT & SICKNESS

### HOW TO FILL OUT THIS FORM

Please fill out every question neatly and clearly. This will assist us in evaluating your application and if we are unable to read the information you have given us, we may not be able to provide your insurance.

**Full Name of Insured** \_\_\_\_\_

**Address** \_\_\_\_\_

**Full Name of Insured Person** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Height** \_\_\_\_\_ **Weight** \_\_\_\_\_

**What are your duties of your occupation?** \_\_\_\_\_

**Are you an employee or are you self-employed?** \_\_\_\_\_

### Insured Person's Acknowledgement

Give details to "Yes" answers here. Refer to question number and include name and address of Doctors and/or Hospitals

- |   | No                       | Yes                      |       |
|---|--------------------------|--------------------------|-------|
| a. Have you ever had medical or surgical advice or treatment, or been hospital confined during the past 5 years?  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Have you ever been declined accident, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Have you ever claimed for benefits under any accident or sickness insurance?   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| e. Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football  | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| f. Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, genile-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| g. Are there any reasons that would cause you to consider yourself not presently in good health? If yes, give details   | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

**If you fly how many flights do you anticipate in a year in**

**a) Chartered Aircraft** \_\_\_\_\_ **b) Private Aircraft** \_\_\_\_\_  
(Non-Scheduled)

01/11

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**INDIVIDUAL PERSONAL ACCIDENT**                       **INDIVIDUAL PERSONAL ACCIDENT & SICKNESS**

**Are you at present insured under any accident or sickness insurance. If so, give details**

	Name of Insurer	Capital Sum Insured	Weekly Sum Insured
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**Insurance applied for Sum Insured:**

Death & Capital Benefits (Insured Events 1 -19) _____	Weekly Accident (Event 20) _____	Weekly Sickness (Event 23) _____
Benefit Period (Weeks) _____	Excess (Days) _____	

**Scope of Cover – Please select when you would like to be covered?**

a. 24 hours, 365 days                     

b. Working hours only                     

c. Outside working hours                     

**Period of Insurance**    From:         /      /                           To:         /      /     

**IMPORTANT INFORMATION**

**PRIVACY**

We are committed to protecting your privacy. We use the information you provide us to quote on your application for a policy, to provide the insurance, administer the policy and assess and manage any claims. We only provide personal information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy.

If you do not provide us with full information, we cannot properly quote for your insurance and we cannot insure you. You can check the personal information we hold about you at any time. Such application should be directed to A & H International in writing where it will be considered by their internal Privacy Disputes Department.

If you provide us with personal information about anyone else, we rely on you to have their consent if you will be providing their information to us, and that you have told them to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, please visit our website to obtain a copy: <http://www.acchealth.com.au>

**INSURER**

The Insurer for your policy is CGU Insurance Limited. Accident & Health International Underwriting Pty Limited are an agent acting on behalf of the Insurer under an authority (binding agreement) agreed by the Insurer.

**INDIVIDUAL PERSONAL ACCIDENT**
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**YOUR DUTY OF DISCLOSURE**

Before you enter into an insurance contract with us, the Insurance Contracts Act 1984 requires you to provide us with the information we need to enable us to decide whether and on what terms your proposal for insurance is acceptable and to calculate how much premium is required for your insurance.

The Act imposes a different duty the first time you enter into the policy with us to that which applies when you vary, renew, extend, reinstate or replace your policy. We set these two duties out below.

Your Duty of Disclosure when you enter into this policy with us for the first time:

You will be asked various questions when you first apply for this policy. When you answer these questions, you must:

- give us honest and complete answers,
- tell us everything you know, and
- tell us everything that a reasonable person in the circumstances could be expected to tell us.

Your Duty of Disclosure when you renew, vary, extend, reinstate or replace your policy:

When you renew, vary, extend, reinstate or replace the policy your duty is to tell us before the renewal, variation, extension, reinstatement or replacement is made, every matter known to you which:

- you know, or
- a reasonable person in the circumstances could be expected to know, is relevant to our decision whether to insure you and whether any special conditions need to apply to your policy.

What you do not need to tell us for either duty:

You do not need to tell us about any matter:

- that diminishes our risk,
- that is of common knowledge,
- that we know or should know as an insurer, or
- that we tell you we do not need to know.

Who do the above two duties apply to? Everyone who is insured under the policy must comply with the relevant duty. What happens if you or they do not comply with either duty? If you or they do not comply with the relevant duty, we may cancel the policy or reduce the amount we pay if you make a claim. If fraud is involved, we may treat the policy as if it never existed and pay nothing.

**Renewal Procedure**

Before this policy expires we will normally offer renewal by sending a renewal invitation advising the amount payable to renew this policy. It is important that you check the information shown before renewing each year to satisfy yourself that the details are correct.

**DECLARATION:** I/WE HEREBY DECLARE AND WARRANT that the answers given above are in every respect true and correct, and that I/We have not withheld any information within My/Our knowledge likely to affect the decision of the Company as to My/Our eligibility for Insurance. The application and declaration shall be the basis of the contract between the Company and Myself/Ourselves, and I/We agree to accept the Company's policy subject to the terms and conditions to be contained therein.

I further authorise the Company to consult my doctor regarding any condition declared on this application and authorise my doctor to release any information relevant to same.

Date \_\_\_\_\_

Signature of Insured Person \_\_\_\_\_

Signature of Insured Proponent \_\_\_\_\_