

IMPORTANT INFORMATION

please read this first

personal accident

application to be an Insured Person

Duty of Disclosure

You have a continuing legal duty of disclosure to us in accordance with the policy terms and conditions.

What you must tell us

You have a general duty to disclose to us everything that you know, or could reasonably be expected to know, is relevant to our decision whether to insure you, and if we do, on what terms.

However, the duty does not require disclosure of anything:

- that reduces the risk to be insured by us;
- that is generally well known;
- that we know, or in the ordinary course of our business, ought to know, or;
- in respect of which we have waived your duty.

The general duty applies to renewals and changes

The general duty applies in full when an insurance policy is renewed or an existing policy is changed including when the policy is extended or reinstated.

The general duty is limited for new cover

When cover is applied for, the duty of disclosure applies, but you do not need to disclose something to us unless we specifically ask you about it. However, you must be honest in answering any questions we ask. You have a legal duty to tell us anything you know, and which a reasonable person in your circumstances would include in answering the questions. We will use the answers in deciding whether to insure, and on what terms.

If you do not tell us

If you do not answer our questions honestly or do not properly disclose to us, we may reduce or refuse to pay a claim. If you act fraudulently in answering our questions or not disclosing to us, we may refuse to pay a claim or treat the cover as never having existed.

Application

This application is for the purpose of obtaining information about the person who is intended to be an insured person under a personal accident policy proposed by the person or organisation identified below. The application will be assessed by us in considering acceptance of the applicant for inclusion in the insurance proposed. A copy of the Product Disclosure Statement for the policy is provided with this Application and/ or is available on request.

Section 1 details of proposer

Name of person or organisation proposing this insurance

State relationship between proposer and person to be insured (eg employer/ employee)

Period of insurance

From to

Section 2 personal information

Full name

Address

Date of birth

/ /

Height

cms

Weight now

kg

Weight 12 months ago

kg

Annual salary

Flying occupation

\$

Any non flying occupation

\$

Are you presently entitled to or are you insured for any benefit under any accident or illness insurance?

No Yes Please provide details below (including amount of cover)

Section 3 flying details

Licences held (types, ratings and issuing authorities)

Type of flying (last 2 years and in future)

Detail of aircrew association membership

Section 4 medical history

Have you or any relative(s) had investigated, diagnosed or been treated for:

- No Yes any psychiatric or nervous disorder (including migraine)
- No Yes epilepsy or any other form of convulsion or any loss of consciousness
- No Yes any heart, blood pressure, stroke, circulatory or respiratory disorder
- No Yes condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system
- No Yes any disorder of the blood or lymphatic system
- No Yes any condition affecting the bones and/or joints (including spinal conditions)
- No Yes any disorder of the skin
- No Yes diabetes

If you answer yes to any of these questions please give full details

Have you ever suffered from any conditions which necessitated hospital attendance, or admission, or diagnosis, or treatment? If yes state when and for what reason

Please give dates and full details of any other medical condition, illness or injury which has been diagnosed and for which you have had treatment including accidents involving injury

Do you currently smoke? No Yes

Have you ever been grounded or had your licence invalidated for medical reasons?

No Yes if yes give dates and full details

Has any limitation ever been endorsed on your licence?

No Yes if yes give dates and full details

Please give the date of your last electrocardiograph examination approved by the licence issuing authority

/ /

Section 4 medical history (continued)

Were you advised of any abnormality revealed by this or any previous examination?

No Yes if yes give dates and full details

After or during a medical examination have you ever

No Yes been required to take additional tests

No Yes been referred for specialist examination

No Yes had the issue or renewal of your medical certificate deferred

No Yes had to return for examination at less than the normal interview time

No Yes been ordered to take drugs or follow any special diet

if you answer yes to any of these questions please give full details

Are you aware of any deterioration in your general health, eyesight or blood pressure?

No Yes if yes please give dates and full details

Has an insurance company or underwriter

No Yes declined or deferred a proposal from you?

No Yes charged or quoted more than standard rates?

No Yes cancelled or declined to renew your insurance?

if you answer yes to any of these questions please give full details

Do you wish to be covered for the following risks?

No Yes Skin diving

No Yes Rock climbing or mountaineering normally involving the use of ropes or guides

No Yes Potholing

No Yes Hang-gliding or parachuting

No Yes Driving or riding in any kind of race or competition

No Yes Any other occupations, sports, or activities which are likely to involve extra risks

Section 4 medical history (continued)

If the answer to any of these questions is yes please provide the following addition information

(a) Which sport(s) pastimes are involved

(b) Frequency

(c) Qualifications/Experience

(d) Is participation as an individual or as a team member?

(e) Is participation regulated by a government body? If so, which?

(f) Is any element of competition involved? If so, is this supervised by a government body?

Your obligations under the policy

There are a number of provisions of the policy which impose obligations on individual insured persons. In particular your attention is drawn to the conditions in the policy. Pursuant to those conditions you are obliged to comply with obligations in relation to disclosure including but not limited to your participation in any occupation, sport, pastime or other activity which exposes you to materially greater risk in respect of which you must first obtain the insurer's written agreement.

You must also advise of any relevant changes in medical standards of the licence issuing or other authority having jurisdiction over the licence or certificate and must advise the insurer of any additional licences or certificates gained during the period of the insurance and any changes to the type or number of licences or certificates.

Under condition 3 you must give prompt notice to the insurer of any accident which might cause a claim under the policy and must seek medical attention as early as possible. Prompt notice must also be given in the event of your death resulting from an accident.

There are obligations in relation to claims procedures which should also be noted (Condition 3).

You should also note the various exclusions in the policy.

Reference should be made to the full terms of the policy and you should read the Product Disclosure Statement.

Cooling Off

If this insurance is arranged as part of an optional scheme for employees, then you have the right to decline any offer of cover under the policy within 20 days of being informed that coverage is agreed ("employee cooling off period"), unless you make a claim within the employee cooling off period. If you decline the offer of coverage within the employee cooling off period, we will return the relevant amount that your employer has paid.

To cancel the policy at other times, please see your policy document (Condition 6).

Privacy Statement

The Privacy Act 1988 (Cth) (as amended) now applies and requires us to inform you that:

Purpose of Collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purposes of:

- providing insurance services to you,
- evaluate your application,
- evaluate any request for amendment to any insurance provided,
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other members of the group of companies to which we belong,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claim investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

Consequences if Information is not Provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at the address shown on this proposal form.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067.

Code of Practice

We have adopted the General Insurance Code of Practice. Please contact us for more information.

Declaration

Declaration by Proposer

I/We acknowledge and declare that the answers and statements in this application are correct to the best of my/our knowledge and belief and that no information has been withheld which may affect the insurer's decision to accept this application or the terms of the proposed policy.

I/We also consent to:

- the use of personal information about me/us for the purposes shown in the Privacy Statement; and
- the disclosure of personal information about me/us to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

I/We confirm that if I/we have disclosed personal information about any other person, I/we am/are authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclose to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of those purposes.

Signature

Date