

# IMALIA

My Death, Accident &  
Sickness Cover

Proposal Form





# Individual Personal Accident and Individual Personal Accident & Sickness Insurance

## APPLICATION FORM

<input type="checkbox"/> <b>INDIVIDUAL PERSONAL ACCIDENT</b>	<input type="checkbox"/> <b>INDIVIDUAL PERSONAL ACCIDENT &amp; SICKNESS</b>																																
<b>HOW TO FILL OUT THIS FORM</b> 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.																																	
<b>Full Name of Insured</b> _____																																	
<b>Address</b> _____																																	
<b>Full Name of Insured Person</b> _____																																	
<b>Date of Birth</b> _____ <b>Sex</b> _____ <b>Height</b> _____ <b>Weight</b> _____																																	
<b>What are your duties of your occupation?</b> _____																																	
<b>Are you an employee or are you self-employed?</b> _____																																	
<b>Insured Person's Acknowledgement</b> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 45%;"></th><th style="width: 10%; text-align: center;">No</th><th style="width: 10%; text-align: center;">Yes</th><th style="width: 35%;"></th></tr></thead><tbody><tr><td>a. Have you ever had medical or surgical advice or treatment, or been hospital confined during the past 5 years?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>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?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>c. Have you ever claimed for benefits under any accident or sickness insurance?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>d. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>e. Are there any circumstances connected with your occupation or other activities which render you liable to injury or sickness? e.g. Football</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>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?</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr><tr><td>g. Are there any reasons that would cause you to consider yourself not presently in good health? If yes, give details</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td>_____</td></tr></tbody></table>			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"/>	_____
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<b>If you fly how many flights do you anticipate in a year in</b> _____ <b>a) Chartered Aircraft (Non-Scheduled)</b> _____ <b>b) Private Aircraft</b> _____																																	



☐ **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

**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**

I/we agree that, by submitting this form, the personal information I/we provide to Accident & Health International Underwriting Pty Ltd in this form or otherwise may be collected, held, used and disclosed in the manner set out in the [AHI] Privacy Policy found at [www.acchealth.com.au](http://www.acchealth.com.au), including for the processing of this application and providing me/us with cover.

**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**

☐ **INDIVIDUAL PERSONAL ACCIDENT & SICKNESS**

**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 \_\_\_\_\_