



CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED

A.B.N. 69 003 710 647

Level 36, Tower Building, Australia Square, 264-278 George Street, Sydney, NSW 2000, Australia

Telephone : 61-2-9273 0100 ● Facsimile: 61-2-9273 0101 ● DX: 10209 - Sydney Stock Exchange Level 51, Rialto South Tower, 525 Collins Street, Melbourne, VIC 3000, Australia

Telephone : 61-3-9242 5111 ● Facsimile: 61-3-9629 7417 ● DX: 30973 - Melbourne Stock Exchange Level 22, 2 The Esplanade, Perth, WA 6000, Australia

Telephone : 61-8-6211 7777 ● Facsimile: 61-2- 9325 7730 ● DX: 207 - Perth Stock Exchange

PROPOSAL / QUOTATION FORM

Personal Accident and Sickness Insurance

1. Full name of Policyholder:

Address:

..... Postcode:

2. Is the Policyholder a business and/or a corporation? Yes / No If yes go to question (a)

Question (a)

Is the general insurance policy you are considering for use or in connection with a small business that is a manufacturing business with 100 employees or less? Yes / No

or

Question (b)

Any other business with 20 employees or less? Yes / No

3. Full name of Insured Person:

Date of birth: / / 19 Sex: M F

Height: Weight:

Occupation: Actual Duties:

Name of your employer:

Average Weekly Income:

4. Insurance applied for:

Section 1: Capital Sum Insured 24 hours a day \$

Section 2: Weekly Injury 24 hours a day/104 weeks benefit \$

Section 3: Weekly Sickness 24 hours a day/104 weeks benefit \$

5. How many flights do you anticipate in a year in (a) Chartered (b) Private

6. Insured Person's medical history: Give details to "yes" answers under each question. Include name and address of doctors, health practitioners or hospitals attended.

(a) Have you consulted any doctor, physiotherapist, chiropractor or any other health practitioner or been confined in hospital during the past five years? No Yes

.....
(b) Have you ever been declined injury, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused? No Yes

.....
(c) Have you ever claimed for benefits under any injury or sickness insurance or Workers' Compensation? No Yes

.....
(d) Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income? No Yes

.....
(e) Do you engage in any hazardous pastimes or pursuits? e.g. football, motor sport No Yes

.....
(f) Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, genito-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart, or suffered anxiety state, nervous exhaustion or breakdown, psychosis or any form of mental disorder, or any physical impairment or deformity? No Yes

.....
(g) Are there any reasons that would cause you to consider yourself not presently in good health? If yes, give details. No Yes

.....
(h) Are you currently planning or considering having treatment or advice from any doctor, health practitioner or hospital? No Yes

Details

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.....

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If space is insufficient please attach a separate sheet.

Please Note the Following:

Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty under the law to disclose to the insurer every matter that You know, or could reasonably be expected to know that is relevant to the insurer's decision whether to accept the risk of the insurance and, if so on what terms. You have the same duty to disclose those matters to the insurer before You renew, extend, vary or reinstate a contract of general insurance.

Your duty, however, does not require disclosure of any matter:

- ◆ that diminishes the risk to be undertaken by the insurer;
- ◆ that is of common knowledge;
- ◆ that Your insurer knows or, in the ordinary course of its business, ought to know; and
- ◆ as to which compliance with Your duty is waived by the insurer.

Non-Disclosure

If You fail to comply with Your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If Your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

In reliance upon the statements made in the proposal for insurance forming a part of this Policy, and in consideration of the premium paid, We agree to insure You against loss covered under this Policy, subject to and in accordance with the Schedule, the Schedule of Sums Insured, the exclusions, limitations, provisions and terms described herein.

21 day cooling – off period

You have the right to return the policy to Us within 21 days of the date that cover is inception ("cooling off period") unless a claim is made under the policy within the cooling off period.

If You return the policy during the cooling off period, we will refund the full amount of the premium less any taxes or duties payable. The policy will be terminated from the date we are notified of a request to return it. To return the policy, we must be notified in writing within the cooling off period. This can be done by contacting Us at any of the Chubb branches, contact details of which are on the front cover of this document.

Confirmation of Transactions

If You accept our terms and wish to confirm that Your insurance is in place, we provide a telephone confirmation service. To use this service, call Us on (Melbourne) 03 9242 5111, (Perth) 08 6211 7777, or (Sydney) 02 9273 0100 and we will send You written confirmation. If You do not wish to use our telephone confirmation service but require confirmation of cover, you can request this by writing directly to us at the Accident & Health Department:

- ◆ Victoria, Tasmania & South Australia: - Level 51, 525 Collins Street, Melbourne 3000
- ◆ New South Wales & Queensland:- Level 36, 264-278 George Street, Sydney 2000
- ◆ Western Australia:- Level 22, 2 The Esplanade, Perth 6000

Our Privacy Policy

In the course of providing insurance and processing insurance claims, we need to collect personal information about persons that we insure and persons associated with persons we insure. In accordance with the Privacy Act 1988, this statement contains the information required to be given to persons about whom we collect personal information.

Our privacy policy statement is readily available; please contact Us if You would like a copy. Our Contact details are shown on the front cover of this document.

Your access to Your personal information

You can request access to personal information, which we hold about You. Your rights to access and our rights to refuse access are set out in the Privacy Act 1988.

Our use of personal information

We may at any time use personal information we collect about You for any of the following purposes:

- ◆ to provide a quotation or assess a proposal for insurance;
- ◆ to provide, amend or renew an insurance Policy; and
- ◆ to respond to a claim.

Our disclosure of personal information

We may at any time disclose personal information we collect about You to the following types of organisations (some of which may be outside Australia):

- ◆ re-insurers;
- ◆ external valuers and appraisers;
- ◆ loss adjustors and other investigators;

- ◆ professional advisers, such as accountants and lawyers; and
- ◆ other organisations that provide services to Us in relation to the provision of insurance.

If You do not provide Us with the personal information we need

We only collect personal information that we need to provide insurance to You or to a person with whom You are associated, and to respond to any claim that You or that other person makes under an insurance Policy with Us. If You do not give Us this information we may not be able to provide insurance or process a claim.

Disclaimer: For promotional purposes, Chubb refers to member insurers of the Chubb Group of Insurance Companies. Coverage is underwritten by Chubb Insurance Company of Australia Ltd. This information is for marketing purposes only. The precise coverage afforded is subject to the terms and conditions outlined in the Product Disclosure Statement (PDSPAS 1003) and policy wording as issued. PDSs and Policy wordings can be obtained by contacting any Chubb office. Chubb recommends considering the PDS and policy wording in deciding whether to acquire or to continue to hold this product.

Declarations

I / We 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 terms and conditions therein.

Signature of **Insured Person**..... / / 20

Signature of Policyholder (if other than **Insured Person**)