

# Chubb Group Personal Accident & Sickness Insurance

## Application Form

### Important Information

#### Duty of Disclosure

Before You enter into this contract of insurance, You have a duty of disclosure under the Insurance Contracts Act 1984.

The duty applies until We first agree to insure You, and where relevant, until We agree to any subsequent variation, extension, reinstatement or renewal (as applicable).

#### Answering our questions

In all cases, if We ask You questions that are relevant to Our decision to insure You and on what terms, You must tell Us anything that You know and that a reasonable person in the circumstances would include in answering the questions.

It is important that You understand You are answering Our questions in this way for Yourself and anyone else that You want to be covered by the contract.

#### Variations, extensions and reinstatements

For variations, extensions and reinstatements, You have a broader duty to tell Us anything that You know, or could reasonably be expected to know, may affect Our decision to insure You and on what terms.

#### Renewal

Where We offer renewal, We may, in addition to or instead of asking specific questions, give You a copy of anything You have previously told Us and ask You to tell Us if it has changed. If We do this, You must tell Us about any change or tell Us that there is no change.

If You do not tell Us about a change to something You have previously told Us, You will be taken to have told Us that there is no change.

#### What You do not need to tell Us

You do not need to tell Us anything that:

- reduces the risk We insure You for; or
- is common knowledge; or
- We know or should know as an insurer; or
- We waive Your duty to tell Us about.

#### If You do not tell Us something

If You do not tell Us anything You are required to tell Us, We may cancel Your contract or reduce the amount We will pay You if You make a claim, or both.

If Your failure to tell Us is fraudulent, We may refuse to pay a claim and treat the contract as if it never existed.

Name of Policyholder					
Address:				State:	
			Postcode:		
Description of Business					
Broker					

### Section 1 - Period of Insurance

From		4pm	To (both dates inclusive)		4pm
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### Section 2 - Cover Required

- 24 Hours  
  Working Hours inc commuting  
  Working Hours exc commuting  
  Outside Working Hours Only  
 Journey to and from work  
  Other (please specify)

### Section 3 - Persons to be Covered

Employees  Other (please specify) Please provide details of occupation/duties performed:

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### Section 4 - Number of Persons to be Covered

	NSW	ACT	QLD	VIC	TAS	SA	NT	WA
Employees								
Other								

Is this part of an Enterprise Bargaining Award (EBA)?

Yes  No

### Previous History

1. Does the Policyholder currently have, or has the Policyholder ever been insured for the risk for which cover is required?

Yes  No

If Yes, please provide details of benefits and the name of the Insurer

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2. Has the Policyholder/Covered Person/s ever made a claim for Accident and/or Sickness?

Yes  No

If Yes, please provide details

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3. Has any of the persons to be covered ever suffered a serious accident requiring hospitalisation and/or ongoing treatment?

Yes  No

If Yes, please provide details

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4. Has any Insurer in connection with Personal Accident and/or Sickness or similar insurance:

Yes  No

a) declined the Policyholder's application?

Yes  No

b) cancelled or refused renewal of a Policy?

Yes  No

c) required an increased premium or imposed special terms?

Yes  No

If Yes, please provide details

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5. Are any of the persons to be covered over the age of 65 years?

Yes  No

Please provide name, age, occupation

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6. Do any of the persons to be covered fly as a pilot or passenger in any aircraft other than scheduled airlines?

Yes  No

If Yes, please provide details

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## Section 5 - Schedule of Benefits Required

Part A - Accident Death & Capital Benefits (events 1-19)	Lump Sum \$	or
	<input type="checkbox"/> Multiple of Salary	x
	To Maximum Sum Insured \$	
Part B - Weekly Injury	\$	
Part B - Weekly Sickness	\$	
Excess period (days)	<input type="checkbox"/> 0 <input type="checkbox"/> 7 <input type="checkbox"/> 14 <input type="checkbox"/> 21 <input type="checkbox"/> 28 <input type="checkbox"/> 60 <input type="checkbox"/> 90	
Benefit Period (weeks)	<input type="checkbox"/> 26 <input type="checkbox"/> 52 <input type="checkbox"/> 104 <input type="checkbox"/> 156	
Part C - Fractured Bones (\$5,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Part D - Loss of Teeth or Dental Procedures (\$1,000)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

\* If cover is required for (Part B - Weekly Sickness), scope of cover for this benefit must be 24 hours

## Aggregate Limit of Liability

Overall Limit of Liability (including scheduled flights)	
Overall Limit of Liability - Charter and non-scheduled flights	

## Declaration

I/We declare

1. The Policyholder has read and understands the Policyholder's duty of disclosure.
2. The answers given in this Application are in every respect true and correct.
3. The Policyholder has not withheld any information likely to affect the decision of Chubb Insurance Australia Limited as to the Policyholders eligibility for Insurance.

This Application and Declaration shall be the basis of the contract between Chubb Insurance Australia Limited and the Policyholder

Signature of Policyholder or Authorised Representative:	
Date	

Please note cover is subject to Chubb Insurance Australia Limited approving this application

## Privacy Statement

Chubb Insurance Australia Limited (Chubb) is committed to protecting your privacy. This document provides you with an overview of how we handle your personal information. Our Privacy Policy can be accessed on our website at [www.chubb.com/au](http://www.chubb.com/au).

### Personal Information Handling Practices

#### Collection, Use and Disclosure

We collect your personal information (which may include sensitive information) when you are applying for, changing or renewing an insurance policy with us or when we are processing a claim in order to help us properly administrate your insurance proposal, policy or claim.

Personal information may be obtained by us directly from you or via a third party such as your insurance intermediary or employer (e.g. in the case of a group insurance policy).

When information is provided to us via a third party we use that information on the basis that you have consented or would reasonably expect us to collect your personal information in this way and we take reasonable steps to ensure that you have been made aware of how we handle your personal information.

The primary purpose for our collection and use of your personal information is to enable us to provide insurance services to you. Sometimes, we may use your personal information for our marketing campaigns, in relation to new products, services or information that may be of interest to you.

We may disclose the information we collect to third parties, including service providers engaged by us to carry out certain business activities on our behalf (such as assessors and call centres in Australia). In some circumstances, in order to provide our services

to you, we may need to transfer personal information to other entities within the Chubb Group of companies (such as the regional head offices of Chubb located in Singapore, UK or USA), or third parties with whom we or those other Chubb Group entities have sub-contracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). Please note that no personal information is disclosed by us to any overseas entity for marketing purposes.

In all instances where personal information may be disclosed overseas, in addition to any local data privacy laws, we have measures in place to ensure that those parties hold and use that information in accordance with the consent you have provided and in accordance with our obligations to you under the Privacy Act 1988 (Cth).

### **Your Choices**

In dealing with us, you agree to us using and disclosing your personal information as set out in this statement and our Privacy Policy. This consent remains valid unless you alter or revoke it by giving written notice to our Privacy Officer. However, should you choose to withdraw your consent it is important for you to understand that this may mean we may not be able to provide you or your organisation with insurance or to respond to any claim.

### **How to Contact Us**

If you would like a copy of your personal information, or to correct or update it, please contact our customer relations team on 1800 815 675 or email [CustomerService.AUNZ@chubb.com](mailto:CustomerService.AUNZ@chubb.com).

If you have a complaint or would like more information about how we manage your personal information, please review our Privacy Policy for more details or contact the Privacy Officer, Chubb Insurance Australia Limited, GPO Box 4907, Sydney NSW 2001, Tel: +61 2 9335 3200 or email [Privacy.AU@chubb.com](mailto:Privacy.AU@chubb.com).

### **General Insurance Code of Practice**

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We are a signatory to the General Insurance Code of Practice (the Code). The objectives of the Code are to further raise standards of service and promote consumer confidence in the general insurance industry. Further information about the Code and your rights under it is available at [www.codeofpractice.com.au](http://www.codeofpractice.com.au) and on request.

### **About Chubb in Australia**

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Chubb is the world's largest publicly traded property and casualty insurer. Chubb, via acquisitions by its predecessor companies, has been present in Australia for over 50 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages include Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities as well as Accident & Health, for a broad client base, including many of the country's largest companies.

More information can be found at [www.chubb.com/au](http://www.chubb.com/au)

### **Contact Us**

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**Chubb. Insured.<sup>SM</sup>**