

# Individual Personal Accident & Sickness Insurance Application Form

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## **Your Duty to take Reasonable Care not to Misrepresent**

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the Policy.

This means that it is essential that You respond to specific questions that We ask honestly and to the best of Your knowledge, including where We ask You to confirm or update information that You have previously given to Us when entering into, varying, extending or renewing the Policy.

For example this will include You or any other persons to be covered under this Policy and their claims (or incidents unclaimed or uninsured for), criminal and insurance history.

### **Answering our questions:**

To assist You with providing Us with honest and accurate responses to any questions We ask of You, We have endeavoured to ensure that any question We ask are clear and easy to understand. Further, where possible, We have also included examples of the types of responses We are looking for when asking a particular question.

If You are unclear of any particular question or would like Us to explain it to You, please get in touch with Us and We will explain this to You.

In determining whether You have fulfilled this duty to take reasonable care not to make a misrepresentation to Us, We will consider all of the relevant circumstances of a particular case. If You do not respond honestly and accurately to specific questions that We ask, We may (acting reasonably) cancel Your contract or reduce the amount We will pay You if You make a claim, or both. It is therefore vital that You be honest and specific in Your responses. If Your failure to tell Us is fraudulent, We will refuse to pay a claim and treat the Policy as if it never existed (this does not mean that We will refund any premiums that You have already paid).

### **Variations, extensions or reinstatement of your Policy:**

You have a broader duty to tell Us anything You know or could reasonably be expected to know in Our decision to insure You and on what terms.

### **Renewals:**

Where We offer You a renewal of insurance, We will provide You with a copy of the answers to specific questions which We have previously asked You and You have answered. This will be the basis of any offer of renewal of insurance by Us. You must tell Us of any changes necessary, if You do not advise Us of any changes it will be taken that all supplied information previously is correct and no changes are necessary.

### **What 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.

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Intermediary Section				
Broker or Agent				
Contact Name				
Contact Phone				
Contact Email				
Proposed Policy Period	From		To	

Section 1 - Covered Person (Employee)					
Title		Name			
Date of Birth				Sex	Male    Female
Address					
	Suburb		State		Postcode
Are You Self-Employed?	Yes	No			
Duties Performed					

Section 2 - Insurance and Medical History	
1. Are you currently insured for Individual Personal Accident & Sickness (IPA&S)?	Yes    No
2. Have you (or a Director or Partner involved with the business) had any IPA&S or a life insurance policy or application declined, cancelled, renewal refused or any special conditions imposed within the previous 5 years?	Yes    No
3. Are you or any Director or Partner connected to the application aware of any circumstances (including a regulatory body investigation) which could give rise to a claim?	Yes    No
4. In the previous 5 years made a claim under any accident or sickness Insurance Policy?	Yes    No
5. Have you (or a Director or Partner involved with the business) in the past 5 years been subject to a criminal conviction (other than a motoring offence)?	Yes    No
6. In the previous 5 years received medical or surgical advice, blood/other tests, treatment or been hospitalised?	Yes    No
7. Do you take part in any of the following activities – motor sport, diving, piloting of aircraft (powered and non-powered)?	Yes    No
8. Professional sports person activities?	Yes    No
9. Perform activities in connection with mining?	Yes    No
10. Have you ever suffered from: Asthma , Back Pain, Cancer , Chest Pains, Deep Vein Thrombosis, Diabetes, Diseases of the Ear, Eye or Stomach Epilepsy, Goitre, Growths of any kind, Haemorrhoids, Heart Disease, Hernia, High Blood Pressure, Muscle Pains, Nervous or Mental Disorder, Tuberculosis, Respiratory Disease, Rheumatic Fever, Rheumatism, Tumours, Varicose Veins, Weight Loss of a sudden nature?	Yes    No
11. Are you now or have you been a smoker in the last 12 months (including vaping or e-cigarettes)?	Yes    No

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 If 'Yes' applies to any of the above questions, please provide full details here or attach additional sheets if necessary.

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**Section 3 - Cover Required (please specify)**

24 Hours / 7 Days	Please Tick
Working Hours - including commuting to and from work	
Working Hours - excluding commuting to and from work	
Outside of Working Hours - only	
Journey Cover – to and from work only	
Other – please provide further detail	

**Section 4 - Schedule of Benefits Required**

Section 1, Part A – Accident Death & Capital Benefits (events 1–19)	Lump Sum (\$)	
Part A – Accident Death & Capital Benefits (events 1–19)	Multiple of Salary	
	To Maximum Sum Insured (\$)	
Part B – Weekly Benefits – Bodily Injury	(\$)	
Part C – Weekly Benefits – Sickness	(\$)	
Excess period (days)	0    7    14    21    28    60    90	
Benefit Period (weeks)	26    52    104    156	
Part D – Fractured Bones (\$3000)	Yes    No, Other Amount    (\$)	
Part E – Loss of Teeth or Dental Procedures	Yes    Amount requested (\$)	No
Part F – Monthly Business Expenses (Self Employed Persons Only)	Yes    Amount requested (\$)	No

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Declaration	
<p>This declaration is to be completed by the covered person. I hereby declare and acknowledge that:</p> <ol style="list-style-type: none"> <li>1. The Duty to Not Make a Misrepresentation has been read and understood.</li> <li>2. All information provided and including answers given are true and correct.</li> <li>3. No information has been omitted or withheld which may affect the Insurer’s decision to insure the applicant.</li> </ol>	
Signature of Covered Person	
Date	
Declaration by Employer (where applicable)	
<p>I/We hereby agree that this Declaration and Application together with any statements made in connection herewith and signed by the applicant to be insured are true and correct in every respect.</p>	
Signature of Employer	
Date	

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### Short Form Privacy Disclosure and Consent

#### Application/ Claim Forms

1. One Underwriting Pty Ltd is committed to protecting Your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer Our various insurance services We are involved in as set out in the One Underwriting Privacy Notice. In order to do this, We may also share Your information with other persons or entities who assist Us in providing or promoting Our services as set out in the One Underwriting Privacy Notice.

Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to You on request by Your One Underwriting representative. You may also gain access to Your personal information, or modify Your privacy preferences, by contacting Your One Underwriting representative or Our Privacy Officer through the means set out in the One Underwriting Privacy Notice.

2. If You are disclosing personal or sensitive information about any other person to One Underwriting, You confirm that You have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and You have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If You have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, You will inform Us before providing the relevant information to Us.

By submitting this Quotation & Proposal, You acknowledge that You have read the One Underwriting Privacy Notice and agree that We can handle any personal information You have provided to Us in the manner set out above.

By ticking here You consent that We or any of our group of companies may be in touch by any means (including email or SMS) at any time to let You know about goods, services or promotions that may be of interest to You.

#### About the Insurer

The Insurer(s) of this Policy are Certain Underwriters at Lloyd's, whose proportions are shown on Your Policy Schedule. Lloyd's in Australia can be contacted at its registered address at Lloyd's Australia Level 16, 1 Macquarie Place, Sydney NSW 2000 Telephone (02) 8298 0783. Further details on the participant syndicates can be obtained by contacting One Underwriting. Certain Underwriters at Lloyd's in Australia is regulated by the Australian Prudential Regulation Authority ("APRA").

Lloyd's in Australia is also a signatory to the General Insurance Code of Practice (the Code). The Code was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code. For more information on the Code of Practice and Code Governance Committee (CGC) visit [insurancecode.org.au](http://insurancecode.org.au).

#### About One Underwriting in Australia

One Underwriting Pty Ltd can issue, vary, renew, and cancel this Policy under a binding authority given to it by the Insurer under a Unique Market Reference (UMR) shown on Your Policy Schedule identifies the insurer for this Policy. The binding authority allows One Underwriting Pty Ltd to enter into contracts of insurance on behalf of the Insurer.

This means that the insurance Policy issued to You by One Underwriting Pty Ltd is binding on the Insurer just as if it the Insurer had issued the Policy itself.

### Submit your proposal form

[ipa@oneunderwriting.com.au](mailto:ipa@oneunderwriting.com.au)  
Individual Personal Accident  
& Sickness enquiries  
07 3223 7517

Contacting One Underwriting in Australia:  
One Underwriting Pty Ltd Level 50, 80 Collins Street  
Melbourne VIC 3000  
1300 000 663

**Privacy policy.** At One Underwriting we take privacy very seriously.  
For full details please refer to [oneunderwriting.com.au/privacy](http://oneunderwriting.com.au/privacy)

**One Underwriting** ABN 50 006 767 540 AFSL 236 653 OUD0035-AU-2404

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UNDERWRITING