

QBE CARE PLUS Cover™

PERSONAL ACCIDENT INSURANCE

- for the Individual
- for the Company

FLEXIWRITE Proposal

An accident can impact financially at any time, but there is a specialist insurance solution



QBE

ASIA PACIFIC

PACIFIC ISLANDS

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FLEXIWRITE PROPOSAL

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A. NOTICE TO PROPOSED INSURED

1. Disclosure of Relevant Facts

Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty to disclose to us every matter that you know, or could reasonably be expected to know, is relevant to our decision whether to accept the risk of insurance and, if so, on what terms. This includes facts which are not subject to questions in this proposal.

You have the same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of general insurance.

2. Non Disclosure / Misstatement

If you fail to comply with your duty of disclosure, QBE may be entitled to avoid the contract altogether, and so decline to pay any claim.

3. Inadequate space to answer

If there is inadequate space to answer our questions or you need to disclose something to us because of your duty of disclosure, please attach a separate piece of paper to this proposal giving full details of additional information.



4. Important

- Please answer ALL questions fully. If there is insufficient space please provide details on your letterhead.
- Where provided, tick (✓) appropriate box to indicate answer.
- The applicant will be referred to in this proposal as “You” or “Your”.

5. Markets

Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your proposal.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

Note: For any other markets please contact the local QBE office.

6. Jurisdiction

The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:

- a) the laws of the country at the QBE office which issues the policy/ies arising from this proposal; unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
- and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

7. Note

Values, Sums Insured, Limits and Deductibles further marked as * are in the currency of the country in which a policy will be issued, upon the approval of this proposal.



B. DETAILS OF THE PROPOSED INSURED

1. Name(s) in full:

Mr/Mrs/Miss/Ms

Surname

Given names

Phone No:

Fax No:

Mobile No:

Email:

2. Postal Address:

3. Period of insurance: From

 / / to / /

C. DETAILS OF CLAIMS

1. Have you or the person(s) to be insured (in the past 5 years)

Please (✓)

1.1. made any claim(s) on an insurer for loss or injury?

Yes

No

If "YES", please give full details

1.2. suffered any injury or sickness which would have been covered by the proposed insurance policy?

Yes

No

If "YES", please give full details

1.3. had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special excess or conditions imposed – by an insurer?

Yes

No

If "YES", please give full details

1.4. had previous insurance cover for accident or sickness? (If "YES", please give full details of previous cover; If "NO", please provide details as to why there has been no insurance cover up to now)

Yes No

D. INSURANCE COVER

1. Type of cover required (please ✓)

Accident and sickness OR Accident only

2. Benefits required

- * principal sum insured (death by accident and total permanent disability)
- * weekly accident
- * weekly illness

3. Scope of cover required (please ✓)

24 hours a day OR outside working hours only

4. Details of insured person:

Full name ✓ if same as applicant

If group, please provide a detailed list.

5. Date of birth / /

Male Female

Height cms Weight kgs

If group, please provide a detailed list.

6. Are you self employed?

Yes No

If "YES", have you been self employed for less than 1 year?

Yes No



7. What is your occupation?

Are there any circumstances of this person’s occupation, habits, sporting or other activities which might make them specially liable to accident or illness

Yes No

If “YES”, provide full details

If group, please provide a detailed list.

8. What are your average weekly earnings?

* _____ (Do not include any unearned income such as rental/investment income).

‘Earnings’ for a self-employed person mean, the average of gross income for the preceding twelve months derived from personal exertion after deducting all operating expenses of the business or practice.

If group, please provide a detailed list.

9. What other personal accident cover do you currently hold?

E. MEDICAL HISTORY OF INSURED PERSON(S)

Please (✓)

1. Has this person/have these persons ever been disabled from working for more than 7 days through accident or illness?

Yes No

If “YES”, provide full details

2. Has this person/have these persons ever suffered from any of the following:

a) Abnormal blood pressure, aneurism, diabetes, gout, rheumatism, rheumatic fever, arthritis, fits, ulcers, cancer, paralysis, varicose veins or hernia?

Yes No

b) Any disease or disorder of the nervous, mental, digestive, genito-urinary, reproductive, circulatory or respiratory systems?

Yes No

c) Any disorder of the back, spine, limbs, heart, sight or hearing?

Yes No

If “YES”, to any of the above, provide full details



3. Has this person/have these persons had any medical treatment or advice during the past 5 years other than for minor complaints such as colds?

Yes No

If "YES", provide full details

4. Has this person/have these persons ever been hospitalised or had any surgical treatment of a serious nature that we should be made aware of?

Yes No

If "YES", provide full details

5. Do you anticipate making any flights in charter/private or single engine aircraft?

Yes No

If "YES", provide full details

6. Has your weight varied by more than 7 kg in the last year?

Yes No

If "YES", provide full details

7. Are there any reasons for you not to consider that you are in good health and free from any physical impairment or disease?

Yes No

If "YES", provide full details



F. APPLICATION OF COVER

We are required to give you the information below.

We would draw your attention to the following Policy Conditions:

1. Any period between the date of an Insured person's total disablement and the commencement of treatment by a duly qualified medical practitioner is not covered.
2. The maximum period of total disablement during which an insured person can receive Temporary Total Disablement Compensation and Temporary Partial Disablement Compensation is 104 weeks.
3. The policy covers death by accident only. Death caused by illness or disease is excluded.

If you are entitled to receive:

- disability benefits under any other policy insurance;
- weekly compensation under any workers' compensation legislation;
- sick pay from your employer;
- earned income from any other occupation.

Then the amount of compensation payable under your QBE policy will be reduced so that the total of all such payments does not exceed your pre-disability earnings.

WEEKLY BENEFIT

Payment of compensation may be subject to a deferment period. A deferment period means the number of days after medical treatment by a qualified medical practitioner commences before we will pay weekly benefits.

CLAIMS

The Policy does not provide cover in relation to events that occurred before the contract was entered into.

G. DECLARATION

I/we the undersigned authorised proposed insured person(s), after enquiry declare as follows:

1. I/we are authorised by each of the other applicants to make this proposal.
2. I/we have read and understood the Notice to the Proposed Insured on the front of this proposal form.
3. I/we have read this proposal and the accompanying documents and acknowledge the contents of same to be true and complete.
4. I/we understand that, up until a contract of insurance is entered into, I/we are under a continuing obligation to immediately inform QBE of any change in the particulars or statements contained in this proposal or in the accompanying documents.

If accepted by QBE the proposal form and declaration, and any other material which I/we have provided to QBE shall be incorporated into and form the basis of the contract of insurance.

Name and position:

Signed:

Date

 / / 

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PNG

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Fax: + (675) 3214 756
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For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



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