

QBE MEDEVAC Cover™

GROUP MEDICAL EMERGENCY EVACUATION

- for Medical Expenses
- for Repatriation Expenses

FLEXIWRITE Proposal

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



QBE

ASIA PACIFIC

PACIFIC ISLANDS

QBE MEDEVAC Cover™

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FLEXIWRITE PROPOSAL

Contents

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- B. DETAILS OF THE PROPOSED INSURED
- C. DEPENDENTS TO BE INSURED
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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:

Phone No:

Fax No:

Mobile No:

Email:

2. Postal Address:

3. Occupation

4. Date you arrived in the country of employment:

 / /

(For expatriates or non-nationals only)

Date jointed scheme:

 / /

5. Name of employer

6. Plan type:

Single Couple Family

7. Cover required:

7.1. Medical and Repatriation Expenses only

Yes No

7.2. Optional Covers:

c) Dental Expenses

Yes No

d) Optical Expenses

Yes No

e) Overseas Expenses

Yes No

f) Emergency Evacuation & Related Medical Expenses

Yes No

NB: Optional covers must be taken together with the Medical & Repatriation Expenses cover.

8. Period of insurance: From

 / / to / / 

C. DEPENDENTS TO BE INSURED

	Name	Sex	Date of birth
Spouse	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Child	<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

D. CLAIMS DETAILS

1. Do you or any of your family members have medical insurance in this or any other country? Yes No

If "YES", please state details

2. Have you or any of your family members 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 state details

3. Have you or any of your family members ever made a claim against any Insurer for injury or sickness during the past 2 years? Yes No

If "YES", please state details

4. Have you or your family members ever had medical or surgical treatment for any injury, disease or sickness in the past 12 months? Yes No

If "YES", please state details



5. Are you and your family members now in good health and free from any physical impairment, deformity, disease or sickness?

Yes No

If "NO", please state details

E. 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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Australia

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Licensed insurers for the Pacific Islands region:

Fiji

QBE Insurance (Fiji) Limited
QBE Centre
Victoria Parade
GPO Box 101
Suva, Fiji

Tel: + (679) 331 5455
Fax: + (679) 330 0285
Info: info.fiji@qbe.com
www.qbe.com/asiapacific

PNG

QBE Insurance (PNG) Limited
QBE Building
Musgrave Street
P O Box 814, Port Moresby
Papua New Guinea

Tel: + (675) 3212 144
Fax: + (675) 3214 756
Info: info.png@qbe.com
www.qbe.com/asiapacific

Solomon Islands

QBE Insurance (International) Limited
Panatina Plaza
Prince Philip Highway
P.O. Box 764
Honiara
Solomon Islands

Tel: + (677) 38884
Fax: + (677) 38887
Info: info.sol@qbe.com
www.qbe.com/asiapacific

Vanuatu

QBE Insurance (Vanuatu) Limited
La Casa, D'Andrea Building
Port Vila
P.O. Box 186
Vanuatu

Tel: + (678) 22299
Fax: + (678) 23298
Info: info.van@qbe.com
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French Polynesia

QBE Insurance (International) Limited
Immeuble Gallieni
Front de Mer
P.O. Box 283
Papeete, Tahiti – French Polynesia

Tel: + (689) 50 66 00
Fax: + (689) 50 66 01
Info: info.fp@qbe.com
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New Caledonia

QBE Insurance (International) Limited
5 Rue Anatole-France
BP 449
98845 Noumea-Cedex
New Caledonia

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Fax: + (687) 287717
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For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



QBE
ASIA PACIFIC
PACIFIC ISLANDS

A member of the QBE Insurance Group

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