

Important notice

Material facts

There is a duty to disclose all material facts that could influence QBE Insurance's decision to accept this insurance and, if so, on what terms. You need to disclose facts both known to you and those which you could have been reasonably expected to know about. If you are in any doubt as to whether or not a fact may be material, you should disclose it to ensure that any cover granted is not prejudiced.

Non-disclosure/misstatement

If there is failure to comply with the duty of disclosure, QBE may be entitled to avoid the contract altogether, and therefore decline to pay any claim.

Jurisdiction

Except where the parties agree otherwise, the laws of New Zealand apply to this form and any dealings between the parties arising from this form. The New Zealand courts have exclusive jurisdiction in relation to any disputes that may arise.

How to complete this form

- This certificate is to be completed by the medical attendant as a clearance, or if the patient remains disabled, and only if an initial claims medical certificate has been completed
- All questions must be answered fully and, if completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to the broker.

A. Applicant details

This certificate is to be completed by the medical attendant as a clearance, or if the patient remains disabled, and only if an initial claims medical certificate has been completed.

1. Full name of Insured			
2. Claim number		3. Patient's occupation	
4. Did you complete the Initial Claims Medical Certificate for the patient? Yes No			
5. I have examined the patient on		and he/she is:	
(a) fit to resume their Usual Occupation on		or	
(b) still prevented from attending to their Usual Occupation and is likely to remain so for a period of:		weeks	
If 5(b) is applicable, please complete the following:			
6. What is the cause of the patient's disability?			
7. What treatment/medication is the patient receiving?			
8. Has the patient been referred to a specialist? Yes No			
If 'Yes', please advise the name and address of specialist.			

A. Applicant details

9. Would the patient benefit from attending a rehabilitation programme? Yes No
- If 'Yes', please advise the name and address of specialist. Yes No
- If 'Yes', please provide details below.

Declaration

Has this declaration been read to the insured? Yes No (A claim form may still be required)

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
To request access to or correction of personal information, please see www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			