

## A. Notice to the proposed insured

### 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.

### 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.

### 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 sheet of paper to this proposal giving full details of additional information.

### 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”.

### 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) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

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

### Jurisdiction

The content and use of this proposal form or any policy 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 of 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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

### 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

Surname   Given names

Phone  Fax no  Mobile no  email

Postal address

Period of insurance: from  to

## C. Details of claims

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

1.1 made a claim on any 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, 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?  Yes  No

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.

  
  

## D. Insurance cover

1. Type of cover required (please ✓)  Accident or 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 (please ✓)  24 hours a day **OR**  outside working hours only

4. Full name of insured person:  ✓ if same as applicant. If group please provide a detailed list.

5. Date of birth   Male  Female Height  cm Weight  kg

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?

8. Are your duties hazardous (eg. explosives/dangerous/work from heights)?  Yes  No If "Yes", provide full details.

  
  

If group please provide a detailed list.

**9. Do you take part in any hazardous sports? (such as scuba diving, horse-riding, skiing or snowboarding, motorcycling)**

If "Yes", please provide full details; if group please provide a detailed list.

Yes  No


**10. Do you work outside your country of domicile? If "Yes", provide full details.**

Yes  No


**11. 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.

**12. What other personal accident cover do you currently hold?**

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**E. Medical history of insured persons**

If group please provide a detailed list.

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

If "Yes", please provide full details.

Yes  No


**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, 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 please give 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?**

If "Yes", please provide full details.

Yes  No


**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?**

If "Yes", please provide full details.

Yes  No


**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?**

If "Yes", please provide full details.

Yes  No


## 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. Signature and 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 and understood 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 any accompanying documents.

If accepted by QBE, this 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.

### Policyholder 1

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Policyholder 2

Name	<input type="text"/>
Position	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

### Fiji

#### QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade  
Suva  
Tel: + 679 331 5455  
Fax: + 679 330 0285  
email: info.fiji@qbe.com  
qbepacific.com

### Papua New Guinea

#### QBE Insurance (PNG) Limited

QBE Building, Musgrave Street  
Port Moresby  
Tel: +675 321 2144  
Fax: +675 321 4756  
Email: info.png@qbe.com  
qbepacific.com

### Solomon Islands

#### QBE Insurance (International) Pty Limited

Panatina Plaza, Prince Philip  
Highway, Honiara  
Tel: + 677 388 84  
Fax: + 677 388 87  
Email: info.sol@qbe.com  
qbepacific.com

### Vanuatu

#### QBE Insurance (Vanuatu) Limited

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Tana Russet Complex, Port Vila  
Tel: + 678 353 00  
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