



## PROPOSAL FORM: EXPATRIATE MEDICAL & EMERGENCY EVACUATION EXPENSES

### IMPORTANT NOTICE RELATING TO THIS PROPOSAL

PLEASE READ THE FOLLOWING ADVICE BEFORE PROCEEDING TO COMPLETE THIS PROPOSAL FORM

#### Your Duty of Disclosure

Before you enter into a contract of general insurance with us, you have a duty under the Insurance Contracts Act 1984, to disclose to us every matter that you know, or could reasonably be expected to know that may be relevant to our decision whether to accept the risk of the insurance and, if so on what terms. The duty of disclosure is different depending on whether it is a new policy or not.

Where you are renewing a contract of insurance we may request you answer one or more specific questions relevant to our decision in relation to the policy and/or we may give you a copy of any matters previously disclosed by you in relation to a previous contract of insurance you held with us and request you to disclose to us any change to those matters or confirm that there is no change. Again in such circumstances you must tell us everything you know or could be reasonably expected to know, in answer to such requests.

It is important that you understand you are answering the questions for yourself and anyone else to whom the questions apply.

Your duty, however, does not require disclosure of any matter:

- a) that diminishes the risk to be undertaken by us;
- b) that is of common knowledge;
- c) that we know or, in the ordinary course of its business, ought to know; and
- d) as to which compliance with your duty is waived by us.

This duty continues after the proposal form has been completed up until the time the policy is issued by us.

When answering any questions asked by us in our proposal or renewal form you must answer them honestly and completely. We will rely on the answers provided by you in deciding whether to insure you and anyone else to be insured under the policy and on what terms.

If you do not answer our questions in this way, we may reduce or refuse to pay a claim or cancel the policy. If you answer our questions fraudulently we may refuse to pay a claim and treat the policy as never having commenced.

#### Non-Disclosure

If you fail to comply with your duty of disclosure, the Insurer may be entitled to reduce their liability under the contract in respect of a Claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of avoiding the contract from its beginning. It is therefore vital that you make sufficient enquiries BEFORE you complete your proposal form and BEFORE you sign any declaration that there has been no change in the information proposed. Please take notice of the following statements pursuant to the provisions of the *Insurance Contracts Act 1984 (Cth.)*.

## Surrender or Waiver of any Right of Contribution or Indemnity

Where another person or company would be liable to compensate you or hold you harmless for part or all or any loss or damage otherwise covered by the policy, but you have agreed with that person either before or after the inception of the policy that you would not seek to recover any loss or damage from that person, you are NOT covered under the policy for any such loss or damage.

## Notice of Occurrences or Events

If during the period of this policy, the Insured shall become aware of any occurrence which may give rise to a Claim under the policy and shall during the period of this insurance given written notice to the Insurer of such occurrence, any Claim which may be subsequently made arising out of the occurrence of which notification has been given shall be deemed to be a Claim made during the period of this policy whenever such Claim may actually be made.

## Contract by the Insured Affecting Rights of Subrogation

If the proposed contract of insurance includes a provision which excludes or limits the Insurer's liability in respect of any loss because you are a party to an agreement which excludes or limits your rights to recover damages from a third party in respect of that loss, you are hereby notified that signing any such agreement may place your indemnity under the proposed contract of insurance at risk.

## When completing this Proposal Form

### Please answer all questions giving full and complete answers

- It is the duty of the Proposer to provide all information that is requested in the Proposal Form as well as to add any additional relevant facts.
- A relevant fact is such known fact and/or circumstance that may influence in the evaluation of the risk by the Insurer. If you have any doubts about what a relevant fact is, please do not hesitate to contact your broker or insurer.
- If the space provided on the Proposal Form is insufficient, please use a separate signed and dated sheet in order to provide a complete answer to any question.
- The Proposal Form must be completed, signed and dated by a person, who must be of legal capacity and authorised for the purpose of requesting Expatriate Medical and Emergency Evacuation Expenses insurance for the firm who acts as a Proposer.

This proposal form does NOT BIND the Proposer to complete the insurance but will form part of any insurance.

## Privacy Statement

At DUAL Australia Pty Ltd, we are committed to compliance with the *Privacy Act 1988 (Cth)*. We use your personal information to assess the risk of and provide insurance, and assess and manage claims. We may also use your contact details to send you information and offers about products and services that we believe will be of interest to you. If you don't provide us with full information, we may not be able to provide insurance or assess a claim. If you provide us with information about someone else you must obtain their consent to do so.

We provide your information to the insurer we represent when we issue and administer your insurance. When providing a quotation or insurance terms, we will tell you if the insurer is overseas and if so, where they are. We are part of the Hyperion Insurance Group and may provide your information to UK based Group entities who provide us with business support services. We may also provide your information to your broker and our contracted third party service providers (e.g. claims management companies), but will take all reasonable steps to ensure that they comply with the *Privacy Act*.

Our Privacy Policy contains information about how you can access the information we hold about you, ask us to correct it, or make a privacy related complaint. You can obtain a copy from our Privacy Officer by telephone (+61 (0)2 9248 6300), email (reception@dualaustralia.com.au) or by visiting our website (www.dualaustralia.com.au). By providing us with your personal information, you consent to its collection and use as outlined above and in our Privacy Policy.

### SECTION 1: DETAILS OF THE PROPOSER

Name of Insured Company or Organisation: \_\_\_\_\_

### SECTION 2: INSURED PERSONS

Insured Persons	Full Name	Nationality	D.O.B.	Height (cm)	Weight (Kg)
2. Employee					
2.1 Spouse					
2.2 Child 1					
2.3 Child 2					
2.4 Child 3					
2.4 Child 4					

3. City and Country of Posting: \_\_\_\_\_
4. Period of Insurance: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ at 4pm AEST
5. Occupation of Employee: \_\_\_\_\_

### SECTION 3: MEDICAL HISTORY

1. Please provide details of all medication and drugs which you are currently taking or have taken in the past 12 months, or have been advised to take in the future?

Insured Persons	Name of Medication	Dosage	Medical Condition	Date of Last Visit	Name and contact details of treating DOCTOR

2. Any Medical conditions for which treatment has been sought for in the past 12 months from any DOCTOR, specialist, or other.

Insured Persons	Condition	Treatment	Date of Last Visit	Name and contact details of treating DOCTOR, specialist or other

**SECTION 3: MEDICAL HISTORY cont.**

3. Has any Insured Person ever suffered abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, arthritis, rheumatism, any mental, nervous or respiratory problems, genitile urinary, circulatory of the back, spine, eyes or heart?

Insured Persons	Condition	Treatment	Date of Last Visit	Name and contact details of treating DOCTOR, specialist or other

4. Is any Insured Person pregnant, required to have medical examination prior to being deployed, or on a waiting list for any treatment? Yes [ ] No [ ]

and:

5. Has any Insured Person had any SICKNESS or INJURY, which has either required an operation or treatment in the last 5 years that required hospitalisation? Yes [ ] No [ ]

Insured Persons	Please advise if any Insured person meets any of the above criteria?

6. Is cover required for any activities connected to any Insured Person's occupation or leisure activities that may be deemed hazardous, or render an Insured Person more susceptible to injury or illness?

If unsure please list below.

Insured Persons	Hazardous Activities

**SECTION 4: COVER REQUIRED**

	Option 1	Option 2	Option 3
Medical and Associated Expenses	\$250,000	\$500,000	\$1,000,000
Emergency Medical Evacuation	\$100,000	\$250,000	\$500,000
Ancillary Expenses	Included	Included	Included
Selection			

**Other:**

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**SECTION 5: DECLARATION**

**SIGNING THIS PROPOSAL FORM DOES NOT BIND THE PROPOSER OR THE INSURER TO COMPLETE THIS INSURANCE**

The undersigned declares that the statement and particulars in this Proposal Form are true and that no material facts have been misstated or suppressed after enquiry. The undersigned agree that should any of the information given by us alter between the date of this Proposal and the inception date of the insurance to which this Proposal relates, the undersigned will give immediate notice thereof. The undersigned agrees that the Underwriters may use and disclose our personal information in accordance with the "Privacy Statement" at the beginning of this Proposal. The undersigned agrees that this Proposal, together with any other information supplied by us shall form the basis of any contract of insurance effected thereon.

**TO BE SIGNED BY THE INSURED FOR WHOM THIS INSURANCE IS INTENDED FOR**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**POSITION:** \_\_\_\_\_

**IT IS IMPORTANT THE UNDERSIGNED OF THE DECLARATION ABOVE IS FULLY AWARE OF THE SCOPE OF THIS INSURANCE SO THAT THESE QUESTIONS CAN BE ANSWERED CORRECTLY. IF IN DOUBT PLEASE CONTACT THE BROKER OR AGENT, SINCE NON-DISCLOSURE MAY AFFECT AN ASSURED'S RIGHT OF RECOVERY UNDER THE POLICY.**

**SECTION 5: DECLARATION cont.**

DUAL Australia recommends that you keep a record of all information supplied for the purpose of entering into an insurance contract (including copies of this Proposal Form and correspondence)

**HOW TO CONTACT DUAL AUSTRALIA PTY LTD:**

**Address:** DUAL Australia Pty Ltd  
GPO Box 7101  
Sydney NSW 2001  
Australia

**Telephone:** 1300 769 772 (If dialling from outside Australia +61 2 9248 6300)

**E-mail:** [enquiries@dualaustralia.com.au](mailto:enquiries@dualaustralia.com.au)