

# individual injury and sickness proposal



Wesfarmers General Insurance Limited, ABN 24 000 036 279

## IMPORTANT INFORMATION - Read this before completing this form.

- ✓ Proposer to complete all Sections in full – please tick boxes where required
- ✓ Every question must be answered fully, truthfully and accurately. If any question is not understood, please contact your local Lumley Insurance office or your broker
- ✓ If you do not answer any question satisfactorily, THE PROPOSAL WILL BE RETURNED FOR COMPLETION. This may affect your period of cover.

Print and complete all sections in black or blue pen.

Policy number  Broker/Agent

Period of insurance from (dd/mm/yyyy)  to (dd/mm/yyyy)  at 4:00pm local standard time

## 1. Applicant Details

Surname  Given name(s)

Residential address for notices  Postcode

Phone number (w)  Phone number (h)

Date of birth  Sex  M  F Height  cm Weight  kg

Occupation  Occupation duties

Gross weekly income \$  Nett weekly income \$

Self employed? Y  N  Are you registered for GST? Y  N   % entitlement to Input Tax Credits

ABN, if applicable

Name of your employer

Address of your employer  Postcode

NSW Lumley House, Level 9, 309 Kent Street, Sydney 2000  
Suite 19, 50 Glebe Road, The Junction 2291  
VIC Level 3, 99 King Street, Melbourne 3000  
ACT Level 4, 10 Rudd Street, Canberra City 2601  
TAS Level 11, 27 Paterson Street, Launceston 7250  
SA 465 Pulteney Street, Adelaide 5000  
WA Level 9, 50 St George's Terrace, Perth 6000  
QLD Level 2, 99 Melbourne Street, South Brisbane 4101  
Level 5, Northtown Tower, Flinders Mall, Townsville 4810  
NT Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111 Fax (02) 9248 1122  
Phone (02) 4925 7500 Fax (02) 4940 0295  
Phone (03) 8627 4333 Fax (03) 8627 4312  
Phone (02) 6279 0333 Fax (02) 6279 0330  
Phone (03) 6345 4700 Fax (03) 6345 4711  
Phone (08) 8228 1700 Fax (08) 8228 1777  
Phone (08) 9220 8222 Fax (08) 9220 8251  
Phone (07) 3307 4800 Fax (07) 3307 4899  
Phone (07) 4722 6000 Fax (07) 4724 4398  
Phone (08) 8946 4600 Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

Are you a permanent Australian resident? **(NB: This insurance is available to permanent Australian residents only)** Y  N   
 Do you intend to work outside Australia? Y  N

## 2. Sums to be Insured *(please insert where applicable)*

	Sum Insured	Premium <i>(office use only)</i>
Section A Capital Benefits (events 1-19)	\$ <input type="text"/>	\$ <input type="text"/>
Section B Weekly Injury (104 weeks)	\$ <input type="text"/>	\$ <input type="text"/>
Section C Weekly Sickness (104 weeks)	\$ <input type="text"/>	\$ <input type="text"/>
Section D Monthly Business Expenses	\$ <input type="text"/>	\$ <input type="text"/>
Tax/Imposts <i>(broker/office use only)</i>		\$ <input type="text"/>
GST <i>(broker/office use only)</i>		\$ <input type="text"/>
Stamp Duty <i>(broker/office use only)</i>		\$ <input type="text"/>
<b>Total Premium Payable</b>		<b>\$ <input type="text"/></b>

Waiting period - Section B, C and D \* 7 days  14 days  21 days  28 days

*\*NB 7 day wait on class one occupations only (eg. clerical or administrative duties only)*

Minimum premium - \$250 excluding Stamp Duty and GST. Method of payment: yearly in advance.

Please note that benefits payable under sections B and C - weekly benefits - are paid net of business expenses.

If in a partnership, only show your business expenses (if applying for Business Expenses cover).

	Yes	No
Do you engage in non-scheduled or charter flying?	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Medical History

- |   |                          |                          |
|---|--------------------------|--------------------------|
| a. Have you consulted any doctor, physiotherapist, chiropractor or any other health practitioner or been hospital confined during the past five years?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Have you ever been declined injury, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or had a renewal refused?  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Have you ever claimed for benefits under any injury or sickness insurance or Workers Compensation?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Do you engage in racing of any kind, scuba diving or football, or a sport that a normal person could consider dangerous?   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Have you ever had any of the following: high blood pressure or cholesterol, chest pains, heart murmurs or other heart complaints; asthma, tuberculosis, pleurisy, or other lung complaints; diabetes, gout, cancer or tumour of any kind; thyroid problems, ulcers or any gastric disorder; kidney, bladder or bowel disorder including renal colic or stone; epilepsy, fits, migraines of any kind; back or neck complaint (including whiplash), arthritis, rheumatism or any disorder of joints, bones or muscles; hepatitis B or C, anaemia, haemophilia or other blood disorder; any skin disorder, hearing or sight impediment? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Have you ever suffered stress, anxiety, depression, nervous breakdown, psychosis or any form of mental disorder?   | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Are there any reasons that would cause you to consider yourself not presently in good health?  | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Are you currently planning or considering having treatment or advice from any doctor, health practitioner or hospital?   | <input type="checkbox"/> | <input type="checkbox"/> |

Please state the name and address of your personal doctor or medical clinic you attend.

Give details to and 'Yes' answers to the previous questions. Include name, address of doctors or hospitals

Question reference	Illness, injury or tests	Date commenced	Time Off Work	Degree of recovery %	Result of tests	Reason and type of treatment	Name of doctor or hospital

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## 4. Important Information and Declaration

### Cooling Off

If you are not completely satisfied with your policy you may cancel it by notifying us in writing within 21 days of cover having commenced. You will receive a refund of the amount you have paid unless something has occurred for which a claim may become payable under the policy.

### Confirming Transactions

You may contact us or your adviser, in writing (which is always required if you are advising cancellation) or by phone, to confirm any transaction under your policy. Any transaction will be documented by us as quickly as possible.

### Code of Practice

A self-regulatory Code of Practice exists for the general insurance industry, designed to raise overall standards. Lumley Insurance has adopted the Code, details of which can be obtained from your insurance broker, agent or any of our offices.

### Complaints - Internal and External Complaints Procedure

If you do not agree with any decision we make in relation to your insurance, please write to us stating what you disagree with and why. We will then either resolve or attempt to resolve your complaint immediately or refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a claim decision by the IDRC, the matter may be referred to an independent alternate dispute resolution body, Financial Ombudsman Service (FOS), provided it falls within their jurisdiction.

### Financial Ombudsman Service

Freecall 1300 78 08 08  
 Post: GPO BOX 3, Melbourne Victoria 3001  
 Website: [www.fos.org.au](http://www.fos.org.au)  
 Email: [info@fos.org.au](mailto:info@fos.org.au)

### Privacy

Lumley Insurance respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Policy is available at any of our offices or online at [www.lumley.com.au](http://www.lumley.com.au)

### Insufficient space to answer

If insufficient space is provided on this application in respect of any questions contained on the application, please attach a sheet of paper containing the additional information, noting the relevant question number and sign and date the attachment.

### Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty at law to disclose to the insurer anything that you could reasonably be expected to know is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

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

Your duty however, does not require disclosure of matter:

- that diminishes the risk to us;
- that is of common knowledge;
- that your insurer knows or, in the ordinary course of business, ought to know;
- as to which compliance of your duty is waived by the insurer.

If you fail to comply with your duty of disclosure the insurer may be entitled to reduce its 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.

### Exceptional Circumstances

Are there any exceptional circumstances which are special or individual to you?

You only have to tell us about exceptional circumstances that you know (or a reasonable person in the circumstances could be expected to know) are relevant to our decisions about:

- whether to insure you;
- how much to charge; or
- any special rules that may apply to you or the policy.

You do not have to tell us anything that:

- we could reasonably be expected to ask you in a specific question; or
- will reduce the possibility of a claim; or
- is common knowledge; or
- we already know about, or we ought to know about through our business; or
- we have said we do not need to know.

Answer

**Declaration**

I declare that I have:

- received a copy of the Policy Wording;
- read the information concerning the Duty of Disclosure and other important notices;
- answered every question fully and honestly;
- either completed this proposal form personally or, if it has been completed by someone else, the answers have been checked for fullness and accuracy by me.

If during the Period of Insurance circumstances change in the information I have provided, I will promptly inform you.

I understand that if I have not fulfilled my duty of disclosure my claim may be reduced.

I authorise Lumley Insurance to obtain claims and any other information they require from my previous insurers or the Insurance Reference Services Ltd to confirm the information I have supplied, if required by them at any time.

I understand and agree that my entire medical history may need to be disclosed to Lumley Insurance in the event that I make a claim.

I agree cover will not commence until the application has been accepted by Lumley Insurance and a policy and schedule is issued, even if I have paid a premium.

Signature of insured person

Date (dd/mm/yyyy)