



# Insurance Data Collection Form

## Section 1: Personal Details

First Name

Last Name

Date of Birth (dd/mm/yyyy)

Street Address

Suburb

State

Postcode

Mobile Phone

Email Address

Preferred Contact Time

Smoker

Yes

No

Height

Weight

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## Section 2: Pastimes

Do you currently engage in, or intend to engage in any of the following pursuits, pastimes or activities?

- Any type of football (e.g. rugby union, rugby league, touch football, soccer, Australian football)
- Motor sports
- Recreational activities involving heights (e.g. rock climbing, abseiling, parachuting, hang-gliding)
- Combat sports (e.g. boxing, martial arts, mixed martial arts)
- Underwater recreational activities (e.g. scuba diving)
- Water sports (e.g. canoeing, water skiing)
- Underground activities (e.g. caving)
- Flying (other than as a fare paying passenger on a regular airline service)
- Skiing, snowboarding, trail bike riding or skating
- Any other competitive sport

Yes

No

If yes, please state which activity and provide details including frequency and competitive nature (recreational, amateur, professional)

### Section 3: Occupation Details

Are you self-employed?

Yes              No

What is your occupation?

What industry do you work in?

Do you work at heights over 20 metres or are you a member of the Armed Forces or do you spend more than 10% of your time performing duties of your occupation/s underground, offshore, at remote locations, or handling or transporting hazardous materials?

Yes              No

Employer Name

Industry

Employer Phone Number

How many hours per week do you work?

How many days do you work per week?

How many weeks do you work per year?

What are the main duties of your occupation and percentage of time in each?  
(e.g. Office work, sales, supervisions)

What percentage of your work duties involve manual activities (e.g. using tools or equipment, operating machinery, lifting) or working outside an office environment?

If applicable, please describe the nature of your manual duties

Do you have any professional or trade qualifications? If yes, please provide details.

In the last three years, has there been any period longer than two months where you weren't working? If yes, please provide details.

Have you been in  
your occupation for  
2 or more years?

Yes  
No

Has your employment status changed  
in the past two years? (e.g. from  
employed to self employed)

Yes  
No

Do you have any definite plans to change your occupation, activities, work hours or employment status or to take extended leave in the immediate future?

Yes              No

## Section 4: Income Details

Current Tax Year

Salary/Wage	Superannuation	Bonus/ Commission	Other Benefits	TOTAL PACKAGE
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Previous Tax Year

Salary/Wage	Superannuation	Bonus/ Commission	Other Benefits	TOTAL PACKAGE
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If you were unable to work due to health problems, would your income continue for more than 60 days? (please exclude annual leave and long service leave entitlements)

Yes      No

How many days of sick leave do you currently have accrued?

If your income will continue regardless of sick leave entitlements, do you have a written or verbal agreement in place regarding your ongoing income entitlements and when they might cease? (e.g. a partnership agreement)

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## Section 5: Doctor/Clinic Details

Do you have a GP or medical practice that you usually attend?

Yes      No

GP/Medical Practice Name

Address

Contact Number

How long ago was your last consultation with this GP or medical practice?

Less than 6 months	6 to 12 months	1 to 2 years	2 to 5 years
5 years or more			

## Section 6: Payment Details

Please provide either credit card or direct debit details for non-super insurance premiums.

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### Direct Debit

Account Name

BSB

Account Number

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### Credit Card

Name on Card

Expiry Date

Card Number

CCV Number

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**Your Duty of Disclosure** Each policy that a provider issues is based on the fact that you fill the application, the personal statement and any other form requesting information completely and accurately and that you have understood the material on these forms. Before any insurance provider decides to issue a policy, they need to know exactly what risk they are insuring and how likely it will be that you will make a claim. You must answer the questions completely and accurately and be completed honest in telling us everything that you know, or could reasonably be expected to know, that is relevant to an insurance providers decisions to issue you with an insurance policy, and if so, on what terms.

The duty extends beyond the time of your completion of the application and up until the insurance provider accepts the risk and issues a policy; so if your health, occupation or pastimes change between the time you complete this application and the time the insurer sends the policy to you, you must tell the insurer.

### Non-disclosure

If you fail to comply with your duty of disclosure and an insurance provider would not have entered into the contract on any terms if the failure had not occurred, the insurer may invalidate the contract within three years of entering it. If you non-disclosure or misrepresentation is fraudulent, an insurance provider may invalidate your policy at any time. Insurance providers also have the option to reduce your benefit amount within three years of the commencement date for a non-disclosure or misrepresentation.

### Acknowledgement of duty of disclosure

I have read the duty of disclosure and understood that I have a duty to ensure that all information provided in my Personal Statement is true and complete. I understand that a failure to comply with the duty of disclosure could result in the cancellation or avoidance of my policy.

☐ I Agree

☐ I Disagree