

QBE Medical Proposal

Group medical emergency evacuation

QBE Pacific Islands



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

Name(s) in full Date of birth

Phone no Fax no Mobile no email

Postal address

Occupation Name of employer

For non nationals only: Date you arrived in country or employment Date joined scheme

Country of citizenship

Plan type: Single Couple Family

Cover required:

Medical and repatriation expenses only Yes No

Optional Covers:

Dental expenses Yes No Overseas Expenses (applicable for Travel cover only) Yes No

Optical expenses Yes No Emergency evacuation and related medical expenses Yes No

NB: Optional covers must be taken together with the Medical and Repatriation Expenses cover.

Period of insurance: from to

C. Dependants to be insured

Name	Sex	Date of birth	Type	Name	Sex	Date of birth
Spouse	<input type="text"/>	<input type="text"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child	<input type="text"/>	<input type="text"/>	Child	<input type="text"/>	<input type="text"/>	<input type="text"/>

D. Claims details

1. Do you or any of your family members have medical insurance in this or any other country?

Yes No If "Yes", please give full details.

2. Have you or any of your family members had any insurance declined or cancelled, proposal/application rejected, renewal refused, claim rejected or special excess or conditions imposed - by an insurer?

Yes No If "Yes", please give full details.

3. Have you or any of your family members ever made a claim against any insurer for injury or sickness during the past 2 years?

Yes No If "Yes", please give full details.

4. Have you or your family members ever had medical or surgical treatment for any injury, disease or sickness in the past 12 months?

Yes No If "Yes", please give full details.

5. Are you and your family members now in good health and free from any physical impairment, deformity, disease or sickness?

Yes No If "No", please give full details.

6. Have you or your family members ever been diagnosed with any of the following conditions: cancer, HIV infections/STD, diabetes, asthma, arthritis, tuberculosis, high blood pressure?

Yes No If "Yes", please give full details.

E. Medical emergency

If medical emergency is part of the insurance contract based on this proposal after it is accepted by QBE, emergency assistance is to be provided by QBE ASSIST based on their terms and conditions.

F. 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.
5. I hereby authorise any hospital, physician or any medically trained personnel who has attended to me and / or my spouse and / or my dependents to furnish QBE and / or its representatives with any information regarding any injury or sickness or medical history which QBE may request in connection with any claim for medical expenses. I agree that a photostat copy of this authorization shall be considered as effective and valid as the original.

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

Policyholder 2

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

Company stamp & signature of employer / authorised representative

<input type="text"/>
<input type="text"/>

Print name and designation

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

Level 2, Office 2a - 2c / 2g
Tana Russet Complex, Port Vila
Tel: + 678 353 00
Fax: + 678 355 10
Email: info.van@qbe.com
qbepacific.com