FEDERAL INSURANCE TIMOR S.A

PERSONAL ACCIDENT PROPOSAL FORM

Agent: Policy Number: | | | | | | | | | | | |

YOUR DUTY OF DISCLOSURE

You must tell us of all information you know (or could reasonably be expected to know) which would influence the judgement of a prudent underwriter whether or not to accept your application, and if it is accepted, on what terms and at what cost.

Examples of information you may need to disclose:

* Anything that increases the risk of an insurance claim.
* Any criminal record.
* If another insurer has cancelled or refused to renew insurance or has imposed special terms on your policy.
* Any insurance claim you have made in the past.

Examples of information you do not need to disclose:

* Anything that reduces the risk of an insurance claim.
* Anything we say you do not need to tell us about.
* Anything that is common knowledge.
* Anything you have already told us, or that we should be expected to know in the ordinary course of our business.

These examples are a guide only. If you are unsure whether you should disclose a particular piece of information, please ask.

WHEN IN DOUBT – DISCLOSE. ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

NOTE: The completion of this form is to enable Federal Insurance Timor (FIT) to establish the nature of the proposers operations, the extent of the cover required, the conditions that are in existence and the rules and the procedures which will apply during the currency of the proposed insurance. The completion and/or signing of this form does not bind the proposer or FIT to the making of a contract of insurance. However, should such a contract be made then the information contained herein shall constitute a part of that contract. Alterations and/or variations of any of the answers given to any of the questions in this proposal form can only be made with the prior advice to, and approval of, FIT.

SCHEDULE OF COVER

Insured Person

Full Name _____ Date of Birth ____/____/_____

Address _____

Postal Address (if different) _____

Phone _____ Mobile _____ Email _____

Occupation _____ How long? _____

Usual hours worked per week _____ Employer _____

Height _____ Weight _____ Male/Female _____

Cover Amounts

Result 1: Death only $_____

Result 2: Permanent Disablement as per the Policy Benefits and Table of Events $_____

Period of Insurance From _____ To _____ at 4pm

DETAILS OF INSURED PERSON

Occupation

1. What are your duties? Please give full details (e.g. type of manual work, type of office duties, etc.)

   _____

2. If you work from home, what percentage of the time do you work from home?

   _____

3. If you are employed under contract, please give details:

_____

4. If you are self employed, for how long?

_____

5. What professional or trade qualifications do you have?

_____

6. Details of second job (if applicable):

_____

Income

1. What were your average gross earnings per week from all sources over the past 12 months, or what would they have been if you had worked continuously over the past 12 months? $_____

2. If you become disabled, would your gross earnings per week continue? No ☐ Yes ☐ If "Yes", for how long? _____

Insurance History

1. Have you ever claimed for benefits available to you from any source due to any accident or illness? No ☐ Yes ☐
2. Do you have, or are you applying for, any other type of Income Protection insurance? No ☐ Yes ☐

If you answered "Yes" to either question 1 or 2 immediately above, please give details below and/or on a separate page.

_____

Medical History

1. Have you ever had, suffered from, or been treated for: any mental disorder; disorders of the nervous, circulatory, respiratory, digestive or genito-urinary systems; abnormal blood pressure; cancer; arthritis; rheumatism or back/spine complaints; tuberculosis; hernia; varicose veins; diabetes; paralysis or heart disease? No ☐ Yes ☐
2. Have you ever had, suffered from, or been treated for any health condition or injury not listed above? No ☐ Yes ☐
3. Are you currently suffering from, or receiving any treatment for, any illness, disability, chronic or recurrent medical condition or complaint, or have you any physical defect or impairment? No ☐ Yes ☐
4. Have you had, or received advice, or treatment for, alcoholism or drug dependence of any kind? No ☐ Yes ☐
5. Have you ever used or injected yourself with any drug not prescribed by a doctor? No ☐ Yes ☐
6. Have you ever been on a programme of drugs, pills or other medication? No ☐ Yes ☐
7. Do you smoke (if "Yes", state type and quantity per day)? _____ No ☐ Yes ☐

   Have you ever smoked (If "Yes", when did you last smoke any form of tobacco and why did you stop smoking? No ☐ Yes ☐

   _____
8. Have you had any disorder relating to menstruation or pregnancy? No ☐ Yes ☐
9. Are you pregnant (if yes, give expected date of delivery)? _____ No ☐ Yes ☐

If you answered "Yes" to any of the questions 1 – 6 and 8 above, please give details below.

_____

_____

_____

Professional Sports/Hazardous Activities

1. Have you, within the last two years, engaged in or do you intend to engage in, any professional sports or hazardous activities, such as flying any form of aircraft, motor car or cycle racing, motor boat racing, diving, sky diving, hang-gliding or parachuting? No ☐ Yes ☐
2. Do you intend to travel overseas on business, pleasure or military service? No ☐ Yes ☐

If you answered "Yes" to either question 1 or 2 above, please give details below.

_____

_____

_____

Authority

To: Doctor _____

Address: _____

I authorise you to give Federal Insurance Timor S.A. any medical information you have regarding me.

Insured person's signature _____ Date _____

ON BEHALF OF THE APPLICANTS

I agree that:

1. *Material facts*
   (a) All information given to FIT (whether oral or written) is true and correct, and
   (b) All material facts have been disclosed (see "YOUR DUTY OF DISCLOSURE")
2. *Terms of Policy*
   The terms of the FIT Personal Accident policy are accepted
3. *Agency*
   Anyone who assists me to complete this Application Form is acting as my agent only

Important Information

- We gather information about you (including your claims history) to consider your application for insurance. If you refuse to provide it, your application may be declined.
- This information is held by FIT and you may access it. It may be passed to other insurers you deal with and mortgagees, etc.

Applicants signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____

Employers signature _____ Position/Title (if applicable) _____ Date _____

Full Name _____