

TOURSAFE

APPLICATION FOR ASSESSMENT MATURE AGE TRAVELLER EXISTING HEALTH DISORDER

- Please Tick
-

FAX TO (02) 9744 7855 FOR ASSESSMENT
PRIOR TO ISSUE OF THE POLICY

ACCEPTANCE No.

AGENCY NAME: Tendai Travel

PHONE: 03 9888 8580

CONSULTANT/CONTACT:

FAX: 03 9888 7747

PASSENGER DETAILS MR/MRS/MISS

BIRTH DATE: / /

PHONE: OCCUPATION

Height Weight Kg

ADDRESS

SUBURB

P/CODE

AGENCY WHERE YOU MADE YOUR TRAVEL BOOKINGS?

TRIP DETAILS: When do you depart? / /

Duration of Trip DAYS/WKS/MTHS

Major Destination

Other countries you will visit?

Mode of Transport?

Do you intend to Ski, Trek, Mountain Climb or engage in Adventure Sports?

MEDICAL DETAILS: Please tick if you have any history of:

Hospitalisation in the past 3 years Any Cancer, Terminal or Malignant illness or condition

Hypertension Angina Last attack / / Frequency of attacks

Heart Disease Angioplasty Stenting C.A.B.G Other

Diabetes Respiratory condition(s) Asthma Bronchitis Emphysema

Stroke of Transient Ischaemic attack Any other Health Disorder

Are you a smoker? Yes No

If you have ticked any of the above questions please provide full details here (e.g. when, type):

List details of visits to all Doctor's in the last 12 months, reasons, outcome, current state of health.

(Please attach list if there is insufficient space.)

1) 3) 5)

2) 4) 6)

Have you been refused cover for this trip by any other insurer? Yes No

Please refer to notes overleaf before signing.

Privacy Agreement: By my signature, I give my explicit consent for Compusure Pty. Limited to direct correspondence regarding this application to the Agency named above and to use this information solely for the purpose of administering my application for Travel Insurance and any resultant Travel Insurance cover as detailed in our Travel Brochure/Application.

Signed Date / /

IF YOU REQUIRE EXISTING HEALTH DISORDER COVERAGE THIS SECTION MUST BE COMPLETED BY YOUR USUAL DOCTOR

ALL QUESTIONS MUST BE FULLY COMPLETED TO ENABLE ASSESSMENT

How long have you been the applicants' usual Medical Practitioner? Last examination date

List the nature of your patients existing health disorders

A) C)

B) D)

Any other chronic illness/disease? Nature of such condition?

Please list details of all prescribed medication, by type, dosage and frequency.

1) 4) 7)

2) 5) 8)

3) 6) 9)

B/P Pulse Rate Urinalysis Reading

Does the Applicant have any special travel needs?

Have you provided a medical referral?

Do you consider the Applicant fit and able to complete the trip?

Are there any other details we should know?

Dr's Signature Date Dr's Name

Telephone No. Facsimile No.

NOTE: IF THERE IS INSUFFICIENT SPACE ON THIS FORM PLEASE ATTACH SEPARATE SHEET

IMPORTANT NOTES FOR APPLICANTS

YOUR DUTY OF DISCLOSURE

Before you enter into this Contract of Travel Insurance 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, is relevant to our decision whether to accept the risk of the Insurance and, if so, on what terms.

You have the same Duty to disclose those matters to us before you Renew, Extend, vary or Re-instate this Contract.

Non Disclosure! If you Fail to comply with your Duty of Disclosure, we may be entitled to reduce our Liability under the Policy in respect to any Claim or may cancel the Policy. If your Non Disclosure is fraudulent we also have the option of avoiding the Policy from its beginning.

MATURE AGE APPLICATION

INTERNATIONAL AND DOMESTIC TRAVEL

Completion of an Assessment Application is required when;

1. Premium for a Duration is not Published
 2. The Traveller is aged 85 years and over
- Sections A, B, C & D should be completed

EXISTING HEALTH DISORDER

An Existing Health Disorder is any medical condition for which you have taken medication/drugs, or sought medical treatment or advice in the thirty days before you applied for this insurance or any condition which you are aware of that may lead to disruption of your trip or a claim.

To ensure speedy assessment of your application please fully answer all relevant questions.

EXISTING HEALTH DISORDER COVER IS ONLY AVAILABLE

- When written Authority and Authority Number has been given by us.
- For the Named Insured Traveller only.
- Domestic or Advance Purchase Plans by payment of additional Premium.
- International Travel may be subject to an additional Premium, if required, the cost will be advised in the letter of Acceptance/Authority.

THERE ARE SOME HEALTH AND RELATED DISORDERS WHICH WE CANNOT COVER

- Where terminal or malignant prognosis has been given.
- Sexually transmitted disease or virus.
- A.I.D.S. (Acquired Immune Deficiency Syndrome) A.I.D.S. related complex (A.R.C.) or Human Immuno Deficiency Virus (H.I.V).
- An addiction to alcohol or non prescription drugs.
- Mental or Nervous Disorder, depression, anxiety or stress.
- Replenishment of any medication presently being used.
- Maintenance of any form of treatment commenced prior to your trip.
- Pregnancy beyond the 26th week.
- Childbirth at any time.
- You travelling against medical advice or for the purpose of obtaining medical advice, treatment or hospitalisation.
- Existing Health Disorders of any person or relative(s) who are not travelling with you.

YOU MUST HAVE THE MEDICAL CERTIFICATE FULLY COMPLETED BY YOUR USUAL DOCTOR IF EXISTING HEALTH DISORDER COVER FOR ANY CONDITION IS REQUIRED.