

# City Rural Insurance Brokers Pty Ltd

ABN 52 074 444 296

- Member of National Insurance Brokers Association and Steadfast Group Limited -  
 - Australian Financial Services Licence No. 237491 - General Insurance Broker -

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## Disability Fact Finder

Injury & Illness policies are taken out to cover your average weekly wage in the event of an injury or illness (depending on the policy taken). This policy is cancellable, which means the insurer may decline to renew the policy. The benefits payable are for up-to two years with various excess options. If you require a Non-Cancellable policy please contact us.

In order for City Rural Insurance Brokers to provide you with an Obligation Free Quote, please complete the following.

### GENERAL INFORMATION

Contact Name

Street address

Suburb/Town

State

Postcode

Email Address

Phone

Fax

Mobile Phone

Preferred method of contact

Email  Phone  Fax

Occupation

Current Insurer 

Expiry date 

Has any insurer in respect of any insurance policy held by you ever:

(a) Refused to renew / cancelled or terminated a policy

Yes  No

If YES please give details below:

**(b) Refused a claim or required an increased premium under the policy?**

Yes  No

If YES please give details below:

**(c) Imposed special conditions under the policy?**

Yes  No

If YES please give details below:

**(d) Have you been convicted on any criminal offence or been declared bankrupt?**

Yes  No

If YES please give details below:

**(e) Have you had any claims in the past 5 Years inc Workers Compensation?**

Yes  No

If YES please give details below:

**PERSONAL INJURY OR PERSONAL INJURY & ILLNESS**

Benefit payable for limited period. Policy can be cancelled by Insurance Company

Definition of Income - Personal Exertion Earnings, before Tax but after deductions of Business Expenses

Current Income \$

Should you require Non Cancellable Policy we will refer you to an appropriate consultant.

Insured's Name

DOB  Height  Weight  Male  Female

Death \$  Weekly Injury \$  Weekly Illness \$  Smoker? Yes  No

Period of Benefit 52 Weeks  104 Weeks  Waiting Period 14 Days  30 Days

Are You Self Employed Yes  No  If yes, for how long?

**INSURED PERSON'S MEDICAL HISTORY**

Give details to "yes" answers under each question. Include name and address of doctors, health practitioners or hospital attended.

**[a]** Have you consulted any doctor, physiotherapist, chiropractor or any other health practitioner or been confined in hospital during the past five years?  Yes  No

If yes, please supply details.

**[b]** Have you every been declined injury, sickness or life insurance, or been issued such insurance which has been postponed, modified, rated up, cancelled or renewal refused?  Yes  No

If yes, please supply details.

**[c]** Have you ever claimed for benefits under any injury or sickness insurance or Worker's Compensation?

Yes  No

If yes, please supply details.

**[d]** Will the total amount of your weekly compensation during disablement from this and all other sources exceed your weekly salary or income?

Yes  No

If yes, please supply details.

**[e]** Do you engage in any hazardous pastimes or pursuits? e.g. football, motor sport

Yes  No

If yes, please supply details.

**[f]** Have you ever had abnormal blood pressure, ulcers, diabetes, tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, genito-urinary, digestive, or circulatory systems, or of the back, spine, eyes or heart, or suffered anxiety state, nervous exhaustion or breakdown, psychosis or any form of mental disorder, or any physical impairment or deformity?

Yes  No

If yes, please supply details.

**[g]** Are there any reasons that would cause you to consider yourself not presently in good health? If yes, give details.

Yes  No

If yes, please supply details.

**[h]** Are you currently planning or considering having treatment or advice from any doctor, health practitioner or hospital?

Yes  No

If yes, please supply details.

I have read the Duty of Disclosure

### Duty of Disclosure

In order to make an informed assessment of the risk and calculate the appropriate premium, your insurer needs information about the risk you are asking it to insure.

For this reason, before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 to disclose to your insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk and, if so, on what terms. The duty also applies when you renew, extend, vary or reinstate a contract of insurance.

You do not have to disclose anything that:

- Reduces the risk to be undertaken by the insurer;
- Is common knowledge;
- Your insurer knows, or in the ordinary course of its business, ought to know; or
- If the insurer has waived your obligation to disclose.

If you do not comply with your duty of disclosure, your insurer may be entitled to reduce its liability in respect of a claim or may cancel your contract of insurance. If the non-disclosure was fraudulent, the insurer may be able to avoid (or cancel) the contract of insurance from its beginning. This would have the effect that you were never insured.

One important matter to be disclosed is the history of losses suffered by the person seeking insurance or any closely associated person or entity. As you are responsible for checking that you have made

complete disclosure, we suggest that you keep an up to date record of all such losses and claims.

Signature

Dated

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