



T R A V E L I N S U R A N C E A P P L I C A T I O N

PLEASE COMPLETE AND RETURN TO PSA INSURANCE

Phone: 03 8646 0208 Fax: 03 8646 0210

Address: Level 1, 346 St Kilda Road, Melbourne 3004

Email: info@psainsurance.com.au

Website: www.psainsurance.com.au

Proprietor: Axis Professional Services Pty Ltd ABN 330 917 490 67 AFSLN: 334816

YOUR DUTY OF DISCLOSURE

Before you enter into a contract of general insurance with an insurer, you have a duty under the Insurance Contracts Act 1984, to disclose to the 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 of the insurance and, if so, on what terms. You have the same duty to disclose those matters to the insurer before you renew, extend, vary or reinstate a contract of general insurance. Your duty however does not require disclosure of matters; that diminishes the risk to be undertaken by the insurer; that is common knowledge; that your insurer knows or, in the ordinary course of his business, ought to know; as to which compliance with your duty is waived by the insurer.

PRIMARY TRAVELLERS DETAILS

Insured Name: _____ Date of Birth: _____

Partner's Name: _____ Date of Birth: _____

DEPENDANT CHILDREN

Travellers Name: _____ Date of Birth: _____

Travellers Name: _____ Date of Birth: _____

Travellers Name: _____ Date of Birth: _____

CONTACT INFORMATION

Postal Address: _____ Postcode: _____

Contact No: Home: _____ Business: _____ Mobile: _____

Email Address: _____

Period of Insurance: From: ___/___/12 To: 15 / 01 / 13

Cover Required: Couple Family

Do any of the travellers have a pre-existing condition? Yes No

Please note this policy does not cover pre-existing conditions. Please contact our office to discuss your circumstances.

Is your insurance with PSA Insurance? Yes No

Please tick relevant profession: Dentist or Doctor

Are you a member of either professional association: ADAVB or AMA?

Would you like to be advised of product and services offered by PSA Insurance? Yes No

I/We declare the following:

- (a) All the above answers are true and correct to the best of my/our knowledge and understanding
- (b) I/We have received a product disclosure statement policy wording.
- (c) I/We have read PSA's Financial Services Guide, understood and agree to its terms and conditions

Signature of Proposer _____ Dated _____

Please note: This product is issued by Allianz Global Assistance ABN52097227177 AFL245631. To decide if it is right for you please carefully read the Product Disclosure Statement POL526BA 12/11 before making any decision. You can obtain a Product Disclosure Statement from PSA Insurance. Cover is subject to underwriting acceptance criteria