

Personal Accident & Sickness / Personal Health Statement Fact Finder



Sunshine Coast
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Date: _____

Brokers please note: this form should be discussed with your client as a Fact Finder and then reviewed by yourself when providing this information to an Insurer to ensure coverage and sums insured are appropriate.

Download and Save this file to your computer before completing.
This file is an interactive PDF and will let you type data into the form and save it.

Advice Required Specific General
Source Yellow Pages Counter Internet Referred by: _____

INSURED'S GENERAL INFORMATION

Name of Insured(s) _____
D.O.B _____ Sex Male Female
Phone (Business) _____ Fax _____
Mobile Phone _____ Email _____

STATEMENT

What is your current height and weight? Height _____ cm Weight _____ kg

Has your weight changed by more than 10kg in the past 12 months? Yes No

If 'Yes', please provide details _____

Do you currently or have you ever smoked tobacco or any other substance? Yes No

If 'Yes', type and quantity per day _____

Do you consume alcohol? Yes No

If 'Yes', type and quantity per day _____

HEALTH HISTORY

To the best of your knowledge, have you ever had, or been informed that you have had or sought advice or treatment for any of the following? If this answer is YES, please tick the specific conditions and follow the instructions on the following page:

Asthma bronchitis, persistent cough or any other chest or lung troubles or allergy? Yes No

Heart trouble, stroke, murmur, high blood pressure, chest pain, rheumatic fever or palpitations? Yes No

Diabetes, thyroid or glandular trouble? Yes No

Ulcers, bowel trouble or recurring indigestion? Yes No

Epilepsy, fits or dizziness or any kind, persistent headaches, mental or nervous problems or neurological disorders such as anxiety, panic attacks, stress or depression? Yes No

Kidney, liver or bladder problems, renal colic stones, nephritis, pyelitis or cystitis? Yes No

Arthritis, rheumatism, sciatica, and neck or back, shoulder, elbow, wrists, hip, ankle or knee problems, broken bones, a repetitive strain injury, gout, muscle or joint pains? Yes No

Cancer, tumour, cyst or growths of any kind? Yes No

Varicose veins, hernia or skin trouble? Yes No

Any abnormality effecting eyesight, hearing, speech or physical mobility? Yes No

Anaemia, haemophilia or any other disease or disorder of the blood? Yes No

Bowel, liver or gall bladder disease or disorder of the blood? Yes No

Coughing of blood, passing of blood from the bowel or the urine? Yes No

Any sexually transmittable disease including but not limited to AIDS or its positive antibodies, gonorrhoea or syphilis? Yes No

Have you within the past 5 years had any other sickness, injury, operation, x-ray, injury, operation, x-ray electrocardiogram, blood transfusion, any special tests or been advised to have a blood test for any reason? Yes No

Have you within the past 5 years consulted any of the following: medical practitioner, chiropractor, naturopath, acupuncturist or health care worker? Yes No

Due to injury or sickness have you ever been off work for more than seven consecutive days? Yes No

Do you now have any symptoms of ill health or disability? Yes No

Are you contemplating surgery, intending to consult a doctor, or have you been advised to have an operation in the future? Yes No

Do you take or have you ever taken drugs, tablets or any medications on a regular basis? Yes No

Have you ever attempted suicide or deliberately harmed yourself? Yes No

Have you ever been convicted or any criminal or illegal acts? Yes No

Do you engage in or do you have any prospect or intention of engaging in: Aviation other than as a fare paying passenger in a properly licensed multi engine aircraft operated by a licensed commercial air carrier? Yes No

If 'Yes', is cover required for these activities? Yes No

Do you engage in or do you have any prospect or intention of engaging in any hazardous activities or sports eg. Rugby, AFL, Soccer, Parachuting, Gliding, Hang Gliding, Motor or Water sports or recreations involving heights, underground sports or body contact sports etc? Yes No

If 'Yes', is cover required for these activities? Yes No

If you are unsure if your activity is hazardous, please disclose _____

Exceptional Circumstances

Are there any exceptional circumstance, which are special or individual to you? You only have to tell us about exceptional circumstances that you know (or a reasonable person in the circumstances could be expected to know) are relevant to the Insurer's decision about: whether to insure you, how much to charge, or any special rules that may apply to you or the policy. Yes No

If 'Yes', please provide details _____

INSTRUCTIONS

If you have answered 'Yes' to any of the questions in the 'Health Statement' section, please provide additional information below

Illness, Injury or Tests	Date of Commencement	Time off work	Degree of recovery %	Full details of treatment including date of last symptoms	Full name and address of doctor or hospitals consulted

USUAL DOCTOR OR MEDICAL CENTRE DETAILS

Full name of usual doctor _____

Telephone _____ Facsimile _____

When did you first consult this doctor? _____ Date of last consultation with any doctor? _____

Name of last doctor consulted? _____

Reason for and results of last consultation? _____

DECLARATION

The proposed insured person states as follows:
 I am the Insured Person and my signature is below.
 I have read and understood the questions in this form. In particular I understand the Duty of Disclosure to the Insurer.
 I understand that the Insurer will hold the premium on my behalf until the cover becomes effective which will be when the application is accepted and a certificate/schedule is issued. In the event that the application is not accepted I understand that the premium will be refunded in full.
 I acknowledge that the Insurer will rely on the statements in this Form and other qualified persons in relation to this Insurance, in deciding whether to issue a Policy and what terms and premium to offer.
 I acknowledge that the Insurer will have no liability whatsoever, until it accepts this application by issuing a Policy certificate/schedule and that I have a duty to disclose any matter material to the Insurer's decision whether to issue a Policy and what terms and conditions to offer continues until the Insurer has issued the Policy certificate/schedule.
 I authorise any medical practitioner, other professional or the Health Insurance Commission to disclose any information they may possess about me to the Insurer in relation to this insurance or any claim under it.
I declare that each statement that I make to the Insurer in relation to this insurance and this Form is true and correct.

Dated this _____ day of _____ 20 _____ Insured Signature _____

GENERAL ADVICE WARNING

It is important that you understand and are happy with the policy(ies) Steel Pacific Insurance Brokers can arrange for you. We can give you general information to help you decide but cannot advise you on whether the terms are specifically appropriate for your individual objectives, financial situation or needs. We therefore recommend that you should carefully read the relevant Product Disclosure Statement (PDS) and other information we provide before deciding.