

## APPLICATION FOR TRAVEL INSURANCE (AU) – PLAN F: Non-Residents (Out-Bound Travel)

### Please note:

Cover is only available if:

- You are not a Resident of Australia;
- You are 79 years of age or under;
- You purchase your policy before you commence your Journey; and
- Your Journey consists of one-way travel only to your Country of Residence from Australia.

Cover for cancellation fees and lost deposits begins from the time the policy is issued.

Cover for all other Sections begins on date of departure (Start Date) as stated on the Certificate of Insurance.

Cover ends when you arrive at any immigration counter in your Country of Residence or on the end date set out on your Certificate of Insurance, whichever happens first.

Please see the Downunder Travel Insurance Product Disclosure Statement (including Policy Wording) (PDS) before applying, for details of the cover (including benefits, limits and exclusions).

### Applicant Details

Surname \_\_\_\_\_ Mr/Mrs/Ms/Miss

Given names \_\_\_\_\_

Date of Birth / / \_\_\_\_\_

Surname \_\_\_\_\_ Mr/Mrs/Ms/Miss

Given names \_\_\_\_\_

Date of Birth / / \_\_\_\_\_

### Dependant(s) to be Covered (not applicable to Duo Cover)

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Mr/Miss \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Surname \_\_\_\_\_ Given names \_\_\_\_\_

Mr/Miss \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

**Home Address (in your Country of Residence)**

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**Phone** (incl country & area code) (business hours)

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(after hours)

**Australia Contact Details**

**Email**

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Please note: We require an email address to send you the PDS and your Certificate of Insurance

**Current Address in Australia**

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**Phone** (incl area code)

(mobile)

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**Geographical Regions to be visited before returning to your Country of Residence**

- South-West Pacific, New Zealand, Papua New Guinea and/or Bali
- Europe, United Kingdom, Africa, Middle East and/or Asia excluding Japan
- USA, Hawaii, Canada, South America and/or Japan

**Cover required**

- Single Cover     Duo Cover     Family Cover

**Start Date/Commencement of cover** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End Date/Return to Country of Residence** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Flight/Voyage Number** \_\_\_\_\_

Please note: the maximum period of cover is 12 months.

**Original Departure Date from Country of Residence** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Details of losses since departing from Country of Residence** \_\_\_\_\_

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**Additional Options**

**Rental Vehicle Excess Cover** You can purchase:

- \$3,000 Rental Vehicle Excess Cover; or
- \$6,000 Rental Vehicle Excess Cover.

- Specified Luggage and Personal Effects Cover** You can purchase additional cover (up to \$5,000) for specified items (excluding jewellery) taken from your Country of Residence or purchased overseas.

<b>Extra cover up to:</b>	\$1,000 <input type="checkbox"/>	\$2,000 <input type="checkbox"/>	\$3,000 <input type="checkbox"/>	\$4,000 <input type="checkbox"/>	\$5,000 <input type="checkbox"/>
<b>Cost up to:</b>	\$60	\$120	\$180	\$240	\$300

**Details of specified items**

**Sum insured**

(eg cameras, laptops, sporting equipment. Include make, model, serial number and age)

1	\$
2	\$
3	\$
4	\$

- Removal of Standard Excess** You can remove the standard \$150 Excess by paying an additional premium.

**Your duty of disclosure**

Before you enter into this insurance with us, you have a duty of disclosure under the Insurance Contracts Act 1984.

The Act imposes a different duty the first time you enter into a contract of insurance with us to that which applies when you vary, extend or reinstate the contract.

This duty of disclosure applies until the contract is entered into (or varied, extended or reinstated as applicable).

**Your duty of disclosure when you enter into the contract with us for the first time**

When answering our specific questions that are relevant to our decision whether to accept the risk of the insurance and, if so, on what terms, you must be honest and disclose to us anything that you know and that a reasonable person in the circumstances would include in answer to the questions.

It is important that you understand that you are answering our questions in this way for yourself and anyone else that you want to be covered by the contract.

**Your duty of disclosure when you vary, extend or reinstate the contract**

When you vary, extend or reinstate the contract with us, your duty is to disclose 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.

**What you do not need to tell us**

Your duty however, does not require disclosure of any matter:

- that diminishes the risk to be undertaken by us; or
- that is of common knowledge; or
- that we know or, in the ordinary course of business as an insurer, ought to know; or
- as to which compliance with your duty is waived by us.

## Non-disclosure

If you fail to comply with your duty of disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, cancel the contract or both.

If your non-disclosure is fraudulent, we may also have the option of avoiding the contract from its beginning.

## Declaration

- I/we have read and understood the above duty of disclosure.
- I/we have read and understood the Downunder Travel Insurance PDS (including Policy Wording and Privacy Notice) and Financial Services Guide, and agree to the PDS, FSG and Certificate of Insurance being sent to me at the email address given above.
- I/we declare that all persons to be covered under the policy:
  - are not Residents of Australia;
  - are not more than 79 years of age;
  - have not commenced their one-way travel from Australia to return to their Country of Residence;
  - are not travelling contrary to medical advice or to obtain medical treatment; and
  - are not receiving or awaiting medical consultation, investigation or treatment.

**Please note: You are not covered until you are issued with your Certificate of Insurance.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Duo Cover/Family Cover has been selected, each insured 16 years and over must sign.

**Please forward the completed application form to:**

Downunder Services Limited  
PO Box 35308, Browns Bay, Auckland 0753  
NEW ZEALAND  
**Fax:** 1800 359 991  
**Email:** [austraila@duinsure.com](mailto:austraila@duinsure.com)

We will process your application form and contact you with a quote for your requested travel insurance policy.