

# TIAIB Accident Insurance Application

## 24 hour Cover for Drivers up to 70 years of age



THIS FORM SHOULD BE COMPLETED AND FORWARDED TO:															
Taxi Industry (Australia) Insurance Brokers (TIAIB)															
A division of Marsh Advantage Insurance Pty Ltd						Tel:1800 333 041									
ABN 31 081 358 303, AFSL 238 369						Email: <a href="mailto:Taxis@marsh.com">Taxis@marsh.com</a>									
Postal Address: GPO Box 2743, Brisbane, QLD 4001						<a href="http://www.marsh.com">www.marsh.com</a>									
TAXI INDUSTRY (AUSTRALIA) INSURANCE BROKERS															
ACCIDENT INSURANCE APPLICATION 24 HOUR COVER FOR DRIVERS UP TO 70 YEARS OF AGE															
Policy No.:								Client Code:							
DETAILS OF THE INSURED															
Full Name: (Block Letters)		Surname						Given name(s)							
Tax Status:		ABN								Taxable:		%			
Postal Address:								State:				Postcode:			
Contact Numbers:		Private:								Business:					
		Facsimile:				Taxi Registration no.:				Taxi Fleet No.:					
Period Of Insurance:		From:						To:							
												At 4 pm			
PERSONAL DETAILS (TO BE COMPLETED BY THE INSURED PERSON)															
Name of Insured Person (Block Letters)		Surname						Given name(s)							
Date of Birth				Sex: M <input type="checkbox"/> F <input type="checkbox"/>		Height:		cm		Weight		kg			
Are you a permanent resident of Australia?										YES <input type="checkbox"/>		No <input type="checkbox"/>			
Your Occupation:															
Taxi Company Name:															
Drive Authority No.:															



INSURANCE AND MEDICAL DETAILS		
1. Has any application for accident or illness insurance on your life ever been declined, modified, accepted at an increased premium, cancelled or refused renewal?	YES <input type="checkbox"/>	No <input type="checkbox"/>
2. Have you ever claimed for benefits under any accident or illness policy?	YES <input type="checkbox"/>	No <input type="checkbox"/>
3. Have you ever received medical advice, consulted a doctor, undergone any medical treatment or Investigations for high blood pressure or cholesterol; any heart complaint or problem; HIV, AIDS or AIDS related conditions; stroke; kidney, bowel, bladder or liver disease; cancer or tumour of any type; diabetes; asthma or any lung complaint; mental, nervous or depressive disorder; epilepsy; alcohol or drug abuse; nervous system disorder?	YES <input type="checkbox"/>	No <input type="checkbox"/>
4. During the last 5 years, have you suffered from any other health problem or physical impairment not mentioned above or have you taken prescribed medication of any kind? (It is not necessary to answer "Yes" if only for colds and flu).	YES <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you currently have any symptoms of ill health or injury previously suffered or the possibility of you undergoing surgery or other treatment?	YES <input type="checkbox"/>	No <input type="checkbox"/>
6. Is there any likelihood of recurrence of any injury previously suffered or the possibility of your undergoing surgery or other treatment?	YES <input type="checkbox"/>	No <input type="checkbox"/>
<p>If you have answered "Yes" to any of the above questions, please give details including description of injury or illness duration (dates), the cause, nature of treatment and results, current condition, name and addresses of doctors and hospitals consulted.</p> <p>If there is insufficient space, please attach details</p>		
Do you currently, or do you intend to engage in any hazardous pursuit or pastime, including but not limited to motor sport in any form, rock climbing, water skiing, snow skiing, horse riding, football (all codes), other body contact sports?	YES <input type="checkbox"/>	No <input type="checkbox"/>
<p>If "Yes", please give details</p>		



## DUTY OF DISCLOSURE

Before you enter into an insurance contract, you have a duty of disclosure under the *Insurance Contracts Act 1984* (Cth) to tell us anything that you know, or could reasonably be expected to know, may affect the insurer's decision to insure you and on what terms. You have this duty until the contract of insurance is entered into. You have the same duty before you renew, extend, vary or reinstate an insurance contract.

If we ask you questions that are relevant to the insurer's decision to insure you and on what terms, you must tell us anything that you know and that a reasonable person in the circumstances would include in answering the questions. Also, we may give you a copy of anything you have previously told us and ask you to tell us if it has changed. If we do this, you must tell us about any change or tell us that there is no change. If you do not tell us about a change to something you have previously told us, you will be taken to have told us that there is no change.

You do not need to tell us anything that: reduces the risk insured, or is common knowledge, or the insurer knows or should know as an insurer; or the insurer waives your duty to tell them about.

### **If you do not tell us something:**

If you do not tell us anything you are required to, the insurer may cancel your contract or reduce the amount it will pay you if you make a claim, or both. If your failure to tell us is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

If you are in any doubt as to the extent of the duty of disclosure or whether a piece of information ought to be disclosed, just contact your Marsh Client Risk Adviser.

## MARSH COLLECTION STATEMENT

In accordance with the *Privacy Act 1988* (Cth) (and subsequent amendments) ('the Privacy Act'), we, Marsh Pty Ltd and our Associated Entities (as that term is defined in the *Corporations Act 2001* (Cth)) ('Marsh') draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other Marsh products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the *Insurance Contracts Act 1984* (Cth), the *Marine Insurance Act 1909* (Cth) or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and Marsh's Associated Entities, which are all businesses of Marsh & McLennan group of companies ('MMC').
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other MMC companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere.
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act, you must obtain it with the individual's consent.
- We will use and disclose your personal information in accordance with our Privacy Policy. By completing this form you confirm that you have read the Marsh Privacy Policy available on our website ([www.marsh.com.au](http://www.marsh.com.au)) and you authorise and consent to Marsh collecting, holding, using and disclosing any personal information collected by means of the enclosed document in accordance with the terms of the Marsh Privacy Policy, including for the purposes explained in this collection statement above. If there are any inconsistencies between the terms of this collection statement and the terms of the Marsh Privacy Policy, the terms of the Marsh Privacy Policy prevail to the extent of that inconsistency. You may modify or withdraw your consent at any time. If you do not give us consent or subsequently modify or withdraw your consent, we may not be able to provide you with the products or services you want.
- You can contact our Privacy Officer by:  
Email – [privacy.australia@marsh.com](mailto:privacy.australia@marsh.com)  
Phone – (02) 8864 7688  
Post – PO Box H176, Australia Square NSW 1215



## DECLARATION AND AUTHORISATION

Please remember we will treat a statement or claim or an act or omission by any one of the applicants as a statement or claim or an act or omission by all of the applicants.

1. I/We have received a copy of the Product Disclosure Statement (PDS) and the Policy Terms and Conditions.
2. I/We declare that all answers and statements made in the application are true, correct and complete in every respect.
3. I/We authorise Marsh Pty Ltd ABN 31 081 358 303 to give to or obtain from other insurers or insurance reference bureaus or credit reporting agencies, any information about this insurance or any other insurance of mine including this completed application and my insurance claims history and my credit history.

Signature of Insured:		Date:	
Signature of Insured:		Date:	

## RETURN

Please complete all sections of this application and return to:  
Taxi Industry (Australia) Insurance Brokers  
A division of Marsh Pty Ltd  
ABN 69 009 098 864  
GPO Box 2743,  
Brisbane QLD 4001

The advice in this form is general advice only. To help you decide if the cover suits you, please read the Product Disclosure Statement. We can provide you with further information. Please contact us to request. This insurance is arranged by Marsh Advantage Insurance Pty Ltd (ABN 31 081 358 303, AFSL 238 369) ('MAI'). MAI are not the insurer.

Copyright © 2020 Marsh Advantage Insurance Pty Ltd. All rights reserved. LCPA 19/297. SG19-1484.