

Motor Sports Questionnaire



MetLife®

Duty of Disclosure (Insurance Contracts Act 1984)

Your Duty of Disclosure

Before you enter into a contract of life 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, that 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 vary or reinstate a contract of life insurance.

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

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

Non-disclosure

If you fail to comply with your Duty of Disclosure and the insurer would not have entered into the contract on any terms if the failure had not occurred, the insurer may avoid the contract within three years of entering into it. If your non-disclosure is fraudulent, the insurer may avoid the contract at any time.

An insurer who is entitled to avoid a contract of life insurance may, within three years of entering into it, elect not to avoid it but to reduce the sum that you have been insured for in accordance with a formula that takes into account the premium that would have been payable if you had disclosed all relevant matters to the insurer.

Please note: Your Duty of Disclosure continues until a policy has been issued.

Privacy Statement

MetLife is subject to the National Privacy Principles under the Privacy Act 1988 and has a Privacy Statement that explains how we handle the information about you that we collect. For a copy of the MetLife Privacy Statement please refer to the Product Disclosure Statement which was provided to you or contact MetLife Customer Service on **1300 555 625**.

Motor Sports Questionnaire

To be completed by the proposed person to be insured.

To be completed by driver, passengers or co-drivers.

If space is insufficient, please attach an extra sheet of paper.

Please complete the questionnaire in **BLACK** ink pen only.

Any changes made to this questionnaire to be initialled by the proposed person to be insured.

Personal Details

Name:

Date of Birth:

 / /

Group Scheme Name / Number:

OR Individual Policy Number:

Note: You will have a Group Scheme Name/Number if your application for insurance is through your Superannuation fund OR Employer, otherwise you will have an Individual Policy Number.

Questionnaire

1 What type of racing do you compete in? (Please tick all that apply).

- | | | | |
|---|---|--------------------------------------|--|
| <input type="checkbox"/> Formula GTI | <input type="checkbox"/> Formula Ford | <input type="checkbox"/> Formula V | <input type="checkbox"/> Saloon Cars (Modified or standard production) |
| <input type="checkbox"/> Off-Road Car Racing | <input type="checkbox"/> Motor Cycle Racing (Track, Off-Road, Enduro) | <input type="checkbox"/> Rallies | <input type="checkbox"/> Go-karts |
| <input type="checkbox"/> Stock Car or Hotrods | <input type="checkbox"/> Speedway | <input type="checkbox"/> Drag Racing | |

Other, (Please give details).

2 Do you participate in:

- | | | |
|---|--|---|
| <input type="checkbox"/> International events | <input type="checkbox"/> National events | <input type="checkbox"/> Closed club events |
|---|--|---|

Other,

Date of Event (Please specify).

 / /

Questionnaire (cont.)

3 Are you a member of a Motor Racing Club?

Yes No

If "Yes", please state name of club and location.

Club	Location

4 Please supply details of your motor sport activities in the last 12 months:

Track/circuit/location	Make of vehicle and engine capacity	Type of event	Date of Event
			/ /
			/ /
			/ /

Number of events driven in:

5 Do you take part in motor sport as a professional, semi-professional, sponsored driver or unsponsored amateur?

Yes No

If "Yes", how long have you been participating in these types of events?

6 Do you compete in amateur or professionally organised events?

Yes No

If "Yes", please provide details.

7 Has your licence ever been suspended or temporarily restricted for any reason?

Yes No

If "Yes", please give details.

8 Please supply details of any accidents you have been involved in while participating in motor sports.

Questionnaire (cont.)

9 Have you ever engaged in, or do you intend engaging in, any demonstration or test of any vehicle or accessory equipment? (e.g. safety equipment, experimental vehicle or fuel).

Yes No

If "Yes", please give full details.

Three empty text boxes for providing details.

10 Has any proposal for life or personal accident insurance ever been declined or accepted with any special conditions or extra rate of premium for motor racing?

Yes No

If "Yes", please give full details.

Three empty text boxes for providing details.

MetLife Medical Authority

MetLife Insurance Limited (MetLife) is considering my application for insurance and I hereby authorise any medical practitioner, hospital, clinic or other person (including a life insurance company or underwriter) to disclose to MetLife or any third party engaged by MetLife full details of my health and medical history. A photocopy of this Authority should be accepted as my personal authority.

My Name:

Text box for My Name.

Date of Birth:

Date of Birth input fields: [][] / [][] / [][][][]

Address:

Text box for Address.

State:

State input fields: [][][]

Postcode:

Postcode input fields: [][][][][]

Signature:

Signature text box containing 'x'.

Date:

Date input fields: [][] / [][] / [][][][]

Declaration

I declare that the answers I have given are to the best of my knowledge, true and complete and that I have not withheld any material information that may influence the assessment or acceptance of my application. I acknowledge that this questionnaire is part of the application for life Insurance and that failure to disclose any material fact known to me may invalidate the contract.

Signature of the person whose life is to be insured:

Signature text box containing 'x'.

Date:

Date input fields: [][] / [][] / [][][][]



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