

Surname of the life to be insured

Given name(s)

Application number

When did you first experience symptoms?

 / /

What was the location of the pain? (e.g. central, right or left side of chest, across front of the chest or elsewhere in the chest)

What was the nature of the pain? (e.g. severe, crushing, vice-like, sharp, stabbing, dull ache, vague discomfort)

How did the pain start? (e.g. sudden, gradual, during or after eating, exertion, in certain positions [sitting, lying], emotion)

How long did the attack last?

Did the pain radiate outside the chest? (e.g. to the shoulders, jaw, arms, abdomen)

No Yes Give details

Did you consult a doctor or go to a hospital?

No Yes Give details

Were you given a diagnosis?

No Yes Give details

Were any tests performed? (e.g. Angiogram, Thallium Scan, ECG, etc.)

No Yes Give details

Did you receive treatment for this condition? (e.g. surgery, drug therapy, etc.)

No Yes Give details

Have you had any further episodes of chest pain?

No Yes Give details

Were you off work as a result of this incident?

No Yes Give details

Have your Medical Adviser(s) placed any restrictions on your return to work or the type of work you may do?

No Yes Give details

Privacy laws protect the privacy of individuals. The way in which we collect, use, disclose and handle your information is described in the TOWER Privacy Statement. Please be aware that if you wish to provide information to us, the duty of disclosure explained in your application for insurance applies to the information you give in this form. If you fail to comply with this duty you may be in breach of it. The consequences of this are explained in your application. Please phone the Privacy Officer on (02) 9448 9416 if you have any questions or would like to request a copy of our Privacy Policy.

DECLARATION AND SIGNATURE

I understand that this statement forms part of my application(s) for TOWER insurance cover and declare that its contents are true and correct.

Signature of the life to be insured

Date

 / /

Please return the completed form to:
TOWER Australia
GPO Box 5380
Sydney NSW 2001