



# Sports and Pastimes Statement

SAVE

PRINT

Please complete the questionnaire and return to TAL.

## 1. YOUR DUTY TO TAKE REASONABLE CARE

When applying for insurance, there is a legal duty to take reasonable care not to make a misrepresentation to the Insurer before the contract of insurance is entered into.

A misrepresentation is a false answer, an answer that is only partially true, or an answer which does not fairly reflect the truth.

If the duty is not met, this can have serious impacts on your insurance. Your cover could be avoided (treated as if it never existed), or its terms may be changed. This may also result in a claim being declined or a benefit being reduced. Please note that there may be circumstances where the Insurer later investigates whether the information given to it was true. For example, it may do this when a claim is made.

### Guidance for answering the questions in this form

When answering the questions in this form, please:

- Think carefully about each question before you answer. If you are unsure of the meaning of any question, please ask us before you respond.
- Answer every question.
- Answer truthfully, accurately and completely. If you are unsure about whether you should include information, please include it.
- Review your application carefully before it is submitted. If someone else helped prepare your application (for example, your adviser), please check every answer (and if necessary, make any corrections) before the application is submitted.

### Changes before your cover starts

Before your cover starts, the Insurer may ask you whether the information that has been given as part of your application for insurance remains accurate or whether there has been a change to any of your circumstances. As any changes might require further assessment or investigation, it could save time if you let us or the Insurer know about any changes when they happen.

### If you need help

It's important that you understand your obligations and the questions asked. Please contact us for help if you have difficulty understanding the process of obtaining insurance or answering any questions.

## 2. PRIVACY

The Privacy of TAL customers is important and TAL is bound by obligations imposed by current privacy laws including the Australian Privacy Principles.

The way in which TAL collects, uses, secures and discloses your personal information is set out in the TAL Privacy Policy available at <http://www.tal.com.au/Privacy-Policy> or free of charge on request to TAL by telephoning 1800 666 136.

### Collection and use of personal information

We collect personal information, including your name, age, gender, contact details, health information, salary, and employment information so that we may assess and administer our products and services to you. In certain circumstances, such as applications for life insurance products and claims, we may be required to collect personal information of a sensitive nature such as lifestyle and medical history information. If you do not supply the information that is required, we may not be able to provide our products and services to you or pay the claim.

We may take steps to verify the information we collect; for example, a birth certificate provided as identification may be verified with records held by Births, Deaths and Marriages to protect against impersonation, or we may verify with an employer regarding remuneration information provided in a claim for income protection to ensure that it is accurate.

## 2. PRIVACY (continued)

### Disclosure of personal information

We disclose relevant personal information to external organisations that help us provide our services and may also disclose some of your personal information to other parties, when required to do so to provide our products and services to you, such as the following.

- Claims assessors and investigators, claims managers and reinsurers;
- Medical practitioners (to verify or clarify, if necessary, any health information you may provide);
- Any person acting on your behalf, including your financial advisor, solicitor, accountant, executor, administrator, trustee, guardian or attorney;
- Other insurers;
- For members of superannuation funds where TAL is the insurer, to the trustee, or administrator of the superannuation fund; and
- Other organisations to whom we outsource certain functions during the underwriting and claims processes, such as obtaining blood tests for underwriting purposes, rehabilitation providers, surveillance providers and forensic accountants.

There are situations where we may also disclose your personal information in circumstances where it is:

- Required by law (such as to the police or Australian Tax Office), and
- Authorised by law (e.g. under Court Orders or Statutory Notices).

## 3. PERSONAL DETAILS

Reference number	<input type="text"/>
Name of life to be insured	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>

Complete the sections of this form as appropriate to your circumstances and return to TAL.

## 4. DIVING

1. Which of the following diving activities do you participate in?

- Snorkelling
- SCUBA
- Free diving
- Commercial diving
- Other → Please provide details.

2. What are your current diving certifications?

3. When were your certifications obtained?

4. What is the main purpose of your diving?

- Recreational
- Photography
- Occupation → Please provide details.

- Other → Please provide details

**4. DIVING** (continued)

5. How often do you dive?

6. What is the average and maximum depths you usually dive?

Maximum

Average

7. Have you ever participated in, or, do you have any plans to participate in, any of the following activities:

- Diving alone
- Cave, pit, ice or pothole diving
- Search and rescue diving
- Salvage or clearance diving
- Using underwater explosives
- Abalone diving
- Diving using equipment other than ordinary SCUBA gear
- Competitive diving
- None the above

Please provide details on the scope of the above activities.

8. Have you ever been involved in a diving incident that required medical attention?

- No  Yes → Please provide details.

9. Do you intend to change the scope of your diving activities?

- No  Yes → Please provide details.

**5. MOTOR SPORT OR SPORTS** (car, bike, boat etc)

1. What type of motor sport or sports do you participate in?

2. Please provide details of the vehicles used for motor sport or sports including make, model, year, engine size.

3. How often do you participate in motor sport or sports?

## 5. MOTOR SPORT OR SPORTS (continued)

4. What is the average and maximum speeds you usually reach?

Maximum

Average

5. How many years have you been participating in the motor sport or sports?

years

6. What is your type of involvement in the motor sport or sports?

Social

Competitive racing

Professional – Australian events only

Professional – Australian & International events

7. Please advise the location/s where you usually participate in your motor sport or sports.

8. Have you ever had an accident or injury from participation in a motor sport which resulted in you requiring medical attention?

No

Yes → Please provide details.

9. Have you ever had your license restricted or suspended for any reason?

No

Yes → Please provide details.

10. Do you intend to change your class, type, professional status or frequency of participation in the next 2 years?

No

Yes → Please provide details.

## 6. AVIATION

Please do not complete this questionnaire if your aviation activities are confined to work for a major commercial (non-charter) airline – please refer to the TAL Occupation List for eligibility guidelines.

1. Do the duties of your occupation involve flying an aircraft?

No

Yes → Please describe the scope of your aviation activities.

**6. AVIATION** (continued)

2. What type of aircraft do you fly?

Fixed wing → Please advise the make and model number you usually fly.

Helicopter → Please advise the make and model number you usually fly.

Microlight/Ultralight → Please advise the make and model number you usually fly.

Ballooning

Powered gliding → Please advise the make and model number you usually fly.

Non-powered gliding

Paragliding /Parascending

Other → Please provide details

3. Do you hold a pilot's licence?

No

Yes → Do you intend to change the scope of your present licence?

No

Yes → Please provide details.

4. How many hours do you fly per annum?

hours

5. Have you ever participated, or, do you have any plans to participate, in any of the following activities:

Charter flights

Aerial photography and surveys

Flying instruction

Agricultural flying

Flying to oil rigs

Record attempts

Display flights

Aerobatics

Flying outside Australia

None the above

Please provide details on the scope of the above aviation activities.

**6. AVIATION** (continued)

6. Have you ever had an accident or been charged with a violation of Department of Transport regulations?

No  Yes → Please provide details.

7. Do you land at unauthorised aerodromes, airports or landing areas?

No  Yes → Please provide details.

**7. OTHER ACTIVITIES** (e.g. football, rockclimbing, abseiling, caving, bungee jumping)

1. What type of activity and events do you participate in?

2. Please provide the following details on your activities:

Contact  Non-contact

Social/Amateur  Competition (match payments)  Competition (semi/professional)

Times participated in per year

Location (e.g. indoor, outdoor, overseas, etc.)

Equipment used

3. Do any of your activities involve participation at heights and/or depths?

No  Yes → Please provide details on the level of heights and/or depths involved and the frequency.

4. Have you ever had an accident or injury from participating in your activities (including during practice) which resulted in you requiring medical attention?

No  Yes → Please provide details.

## 8. ADDITIONAL INFORMATION

Please provide any other information you think may assist in underwriting your application.

---

---

---

---

## 9. DECLARATION

I have read the duty to take reasonable care and understand that if this duty is not met, this can have serious impacts on my insurance. I confirm that my answers to the questions are true, complete and correct. I agree that this Declaration shall be held to form part of my application for insurance made to TAL, as the Insurer.

Signature of  
life to be insured



Date





DD / MM / YYYY

## SUBMITTING THIS FORM

Please return your completed form and any supporting documentation to:

TAL Life Limited  
GPO Box 5380  
Sydney NSW 2001

## CONTACTING TAL

-  [groupriskadmin@tal.com.au](mailto:groupriskadmin@tal.com.au)
-  1800 666 136
-  +61 (0)2 9465 2065
-  [tal.com.au](http://tal.com.au)

SAVE

PRINT