



Plan number(s)

Surname (please print)

Given name(s)

The Life to be Insured is requested to supply full and complete answers to the following questions:

1 When did the accident occur?

2 What was the nature of the accident?

(If road accident, please state whether you were a driver, passenger or pedestrian)

3 Were you rendered unconscious? No Yes

If yes, for how long?

4 How long were you in hospital?

5 How long were you away from work?

6 What was the nature of your injuries?

7 Was your skull fractured? No Yes

8 Name and address of hospital or doctor who looked after you.

9 Have you had any headaches, dizziness, blackouts, symptoms or other sequelae since?

If so, please provide details, including frequency and severity:

Declaration

I declare that the statements given above are complete and true and I understand that AXA Australia will be relying on the complete accuracy of the statements in assessing my application for insurance.

Name

Signature

Date

Please send completed form(s) to:

AXA Australia Customer Service Centre

PO Box 14330 MELBOURNE VIC 8001

Telephone 132 987 Facsimile (03) 8688 5799