

Supplementary Personal Statement

Diving questionnaire

August 2022

Zurich Australia Limited (Zurich, OnePath)

ABN 92 000 010 195 AFSL 232510

Customer Care
Phone 133 667

Email client.onepath@zurich.com.au

Website onepath.com.au

Duty to take reasonable care not to make a misrepresentation

Your duty to take reasonable care not to make a misrepresentation is explained in the PDS and the Life Insured's Personal Statement and it applies each time you provide us with information before we issue a policy.

Not meeting your legal duty can have serious impacts on your insurance. Before your cover starts, please tell us about any changes that mean you and each person who answered our questions would now answer differently. It could save time if you let us know about any changes as and when they happen. This is because any changes might require further assessment or investigation.

Details of life insured	
Application/Policy number(s) if known	
Title	Mr Mrs Ms Dr Other
Surname	I WII S I WII
Given name(s)	
Date of birth (dd/mm/yyyy)	
Please answer the fo	llowing questions
1. Are you an amateur or pro	ofessional diver?
If professional, state nature of	of work, employer and whether or not you use explosives:
2. What equipment do you u	se? Scuba, snorkel or other? Scuba Snorkel Other
If other , please specify:	
3. Do you dive in caves, wred	cks or sinkholes?
If yes , please provide details	including locations:
4. What is the average depth	n you dive?Metres
5. What is the maximum dep	oth you dive?Metres
a) How often would you dive	e to this depth?
6. What diving qualifications	s do you have?
If other , please specify:	
7. Do you usually dive alone	or in company?

8. How long have you been diving?			Months	Years
9. How many dives have you undertake	en in the last two years?			
10. Have you ever suffered an accident	or medical condition related to	diving?		Yes No
If yes , please give full details:				
11. Have you ever engaged in or do you or other unusual dangerous activities			_	Yes No
If yes , please give full details:				
Declaration				
I, the life to be insured, declare that I has statements and answers provided in this form in conjunction with any other stat whether to extend life insurance cover	is questionnaire are true, accura ements made in connection wi	ite and complete. I under th this application for life	rstand that the information	I provide on this
I consent to the collection, use, storage contained in the PDS (including discuss associated with this application). OnePa	sing any information obtained f	rom me and any doctors	or accountants with the fir	
If I have provided personal information the Privacy Policy and the Privacy State		leclare that I have their p	ermission to do so and I ha	ave informed them of
Name of life insured				
	X			
Signature (sign clearly within the box)	,		Date (dd/mm/yyyy)	/ /

Postal address

OnePath Locked Bag 994 North Sydney NSW 2059