## Extension Application Form (AUS)



Please complete <u>all</u> sections CLEARLY and RETURN to Downunder Worldwide Travel Insurance by fax or post. Notification of requests must be received at least 48 hrs before proposed date of commencement. Please note that your agent will endorse your policy with the same extensions / endorsements as your original certificate unless otherwise stated herein.

Full name	of Prop	oser	requi	ring in	suran	ce _															
Original Certificate Number (if any) Original Insurer (if any)											_										
Australian	Home	Addre	ess _																		_
Phone No	(work)						(ho	me) _													
Current ov	erseas	addr	ess (w	here	you a	re at	prese	nt)													_
Postcode	stcode Phone No (work) (home)																				
Current occupation (if any) D.O.B _											В										
Nationality																					
Original De	partu	e Dat	e fror	n Aus	tralia						f	or						day	/S		
Have you p	reviou	ısly a	plied	for a	n exte	nsion	to th	is insu	urance	e? (ple	ease c	ircle)	ΥE	S	NO						
Number of	days/	month	ns ext	ensior	ı requ	ired f	or (Pl	ease r	note:	the to	tal tri	p mus	st not	exce	ed 12	mths a	at a tim	ne)			
Name(s) &	D.O.E	B(s) of	addit	tional	perso	n(s) r	equiri	ng ins	surano	ce (ple	ease n	ote: t	hey n	nust	have a	ppear	ed on d	original	certif	ficate)	
1																					
2																					
All countrie	s to b	e visit	ed du	ıring t	he pro	pose	d peri	od of	insur	ance (	and c	luratio	on) _								
Date of ret	urn to	Austi	alia (i	if knov	wn) _						Fliq	ght Ni	umbe	r (if k	(nown)						
Please adv	ise of	any h	azard	ous/sp	orting	g activ	ities t	to be	under	taken	durin	g the	prop	osed	period	of ins	urance	e			
Excess Wa	iver (p	lease	circle	prefe	rred o	ption	) YES	/ NC	<b>O</b> (No	Exces	s Optio	on: Sir	nply p	оау а	one of	f fee o	f 10% d	on top o	of you	ır norm	al poli
price (as lis	ted on	the ri	ght ha	and sic	le of t	he sch	edule	of bei	nefits	on we	bsite)	and a	ll star	ndard	excess	ses as l	isted ui	nder the	e Sche	edule c	of
Benefits wil																					
Contact D	etails	(Ple	ase a	dvise	CLE	ARLY	how	wes	shoul	d cor	ntact	you)									
Telephon	o Nun	hor	/inalu	dina a	ountr	u/oros		. \							Emai						
retephon	e Nun	iber	(inclu	aing c	ountr	y/area	i code	*)						_	Emai	' —					_
Person w	e sho	uld a	sk fo	r if no	t you	ırself															
Name on	card																				
ivanic on	cara _																				-
Payment	Detai	<b>ls</b> Vis	sa / M	С														Exp			
					l	l	l	l					l	1	1	1					
																_'					
					Se	curit	y cod	e (la	st the	ree di	igits,	on th	ie ba	ck o	f the d	card)				$\perp$	
Warranty A	at the t	ime of	reque	esting	this ir	suran	ce, the	prop	oser w	varran	ts that	all th	e pers	sons t	o be co	vered a	are not				
-	• t	ravell	ing co	ntrary	to me	dical	advice	or to	obtaiı	n med	ical tre	eatmei	nt abr	oad;							
				awaiti m any							ion or	treatn	nent; o	or							
Should the											condit	ion, tł	nis mu	ıst be	declar	ed to a	nd acce	epted by	y Dow	vnunde	er
for cover. T	he pro	poser	furthe	er war	rants t	hat												-			

- no claims have been made under any original certificate (or extension thereof)
- nothing has arisen or occurred to date which will result in a claim being made

If any claims have been made or are pending, full details must be supplied. The proposer understands that the Underwriters will accept no increased liability under the policy during the period between the insurance commencing and the proposer receiving, reading and understanding his and her insurance documents. The proposer understands that this application may be subject to approval from the Underwriters. No cover is available until confirmed by the issuing agent.

Signature of Proposer	 Date	