



**STATEMENT OF PRE-EXISTING CONDITION /
PREDISPOSING MEDICAL CONDITION**
DIVE INJURY INSURANCE
underwritten by Certain Underwriters at Lloyds

INSURED PERSON DETAILS

Name:		Date of Birth:	
Address:		P/Code:	
Tel:	Fax:	Email:	

DEFINITIONS

Predisposing Medical condition means any medical condition existing prior to the effective date of insurance that may predispose the Member to a diving accident. Such Predisposing Medical Conditions include, but are not limited to, epilepsy, diabetes, any other condition that could cause a person to become unconscious underwater, asthma, pulmonary disease or injury, cardiovascular disease, cardiac conditions, previous decompression illness and major surgery.

Pre-existing Condition means a medical condition that existed and for which diagnosis, treatment and/or medication was received within the 12 months immediately preceding the effective date of insurance.

I wish to apply for the DAN AP Dive Injury Insurance and hereby disclose that:

<input type="checkbox"/> I am suffering from: <input type="checkbox"/> I have previously suffered from the following:
<input type="checkbox"/> Pre-disposing Medical Condition: <input type="checkbox"/> Pre-existing Condition: <input type="checkbox"/> Previous Decompression Illness (DCI):
DISCLOSURE ADVICE: Please provide full details of the circumstances. <i>All conditions declared will be evaluated and the extent of coverage available may be modified accordingly.</i>

DECLARATION

The proposed Insured Person states as follows: I am the Insured Person and my signature is below and I have read and understood the questions in this form. In particular I understand the Duty of Disclosure to the insurer as outlined on the Membership Application Form. I acknowledge that the Insurer will rely on the statements in this form and other qualified persons in relation to this insurance, in deciding whether to issue cover. I acknowledge that the Insurer will have no liability whatsoever, until it accepts this application. I declare that each statement that I make to the Insurer in relation to this insurance and this form is true and correct. I acknowledge that the information requested and contained in this form will be held in accordance with the Australian Information Privacy Act 2000.

Signature: _____

Date: _____

**Forward the completed details to DAN AP. Additional pages may be used if required.
Fax, Email or post this together with your insurance application.**