

## **Supplementary Personal Statement**

## Asthma questionnaire

August 2022

**Zurich Australia Limited (Zurich, OnePath)** 

ABN 92 000 010 195 AFSL 232510

**Customer Care** 

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## 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 Miss Dr Other	
Surname		
Given name(s)		
Date of birth (dd/mm/yyyy)	/ / Date of application(s) (dd/mm/yyyy)	/ /
Please answer the fol	owing questions	
	rst episode of asthma? (dd/mm/yyyy)	/ /
2. When was your most recer	it episode of asthma? (dd/mm/yyyy)	/ /
•	episodes have occurred in the last 12 months?	
4. Have you ever suffered from	n nocturnal asthma attacks?	Yes No
If <b>yes</b> , please provide the free	uency of these attacks and approximate date of last attack:	
Date (dd/mm/yyyy) /	<u>/</u>	
5. Have you had any time off	work due to this condition?	Yes No
If <b>yes</b> , please provide the date	es and duration:	
	typically precipitated by anything in particular	П., П.,
_	ed, a cold or bronchitis)?	Yes L No
If <b>yes</b> , please provide details:		
	reatment or advice for asthma?	Yes No
If <b>yes</b> , please provide details: Name of doctor/		
health professional		
Address		
Suburb/Town	State Postcod	e
Date of last consultation		

<b>9.</b> Have you	ever used any r	nedication, ii						
f <b>yes</b> , please	e provide detail:	5:						
Туре	Date of (dd/mm	commenced n/yyyy)	Frequency (e.g. daily, weekly, etc.)	Dosage	Date ceased (if applicable) (dd/mm/yyyy)	Reason for co	essation	
	/	/			/ /			
	/	/			/ /			
	/	/			/ /			
	/	/			/ /			
<b>0.</b> Have voi	u ever been hos	pitalised due	e to asthma?					Yes
-	e provide detail:		Date from (dd/mm/yyyy)	/ /		Date to (dd/mm/yyy	,	/
	ddress of hospi		Jace 11 5111 (da, 11111, 7), 7)			2 acc co (aa,,,,,,	,,	
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								,
			ts performed?	•••••				Yes
• •	e provide detail:							
Date (dd/mm	/yyyy) Test re	esuits						
/ /								
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