

PERSONAL ACCIDENT RENEWAL APPLICATION

**ANSWER
ALL
QUESTIONS**

Insured Person	Policy Number
Date of original policy application	Current Salary \$
Address	

**BROKER
INFORMATION**

Broker/Agent/Consultant

Contact name and telephone no.

Are the statements and particulars contained in the original Application Form, signed by you, still true on the date you signed this Renewal Application?	<input type="checkbox"/> yes	<input type="checkbox"/> no, explain in detail:
Are you currently free of injury and actively employed?	<input type="checkbox"/> yes	<input type="checkbox"/> no, explain in detail:
Have you had medical or surgical advice, or treatment for any ailment, since the application date shown above?	<input type="checkbox"/> no	<input type="checkbox"/> yes, explain in detail:
Have your travel habits changed since the original application was signed?	no	<input type="checkbox"/> yes, explain in detail:
Do you engage in any hazardous recreational activities (such as sky-diving, operating an aircraft, glider or balloon, scuba-diving, automobile, motorcycle or boat racing etc) which are not indicated in your original application?	<input type="checkbox"/> no	<input type="checkbox"/> yes, explain in detail

I agree that, in respect of the Period of Insurance in question, this Renewal Application, together with the original Application Form referred to in Paragraph 1, shall be the basis of renewal coverage.

Signature of Insured Person

Date