



**Federation Internationale De Motocyclisme
(F.I.M.)
Rider Personal Accident Insurance**

Aon Risk Services are pleased to offer F.I.M Rider Personal Accident Insurance in accordance with the F.I.M's stipulated minimum requirements.

Aon recommend that you consider the alternative insurances options that are listed below.

Premiums for FIM Insurance are as follows:

F.I.M Personal Accident Cover Options	Cover **
<i>Australian Dollars (AUD)</i>	Death \$ 55,000
	PTD \$110,000
	Evacuation \$ 30,000
	Repatriation –
	* Injured rider \$ 40,000
	* Remains \$ 10,000
<i>c. Multi Event – One Month cover Duration of Event</i>	\$ 187.00

(Please note that a broking fee (incl GST) is applied to each policy issued and has been incorporated into the above premiums calculation – this amount will appear on our Tax Invoice)

Please note that this FIM insurance is only valid whilst outside Australia and provides cover for 'participation' in F.I.M Sanction events (as defined) for 'on-track' incidents only.

IMPORTANT NOTE:- THIS POLICY DOES NOT COVER PRIVATE PRACTICE OF ANY KIND

This policy is for FIM authorised/ sanctioned events including authorised sanctioned events conducted by any Federation affiliated to the FIM.

Please refer any questions in relation to the scope of cover under this policy to Aon Risk Services in Melbourne. Contact details on page 5.

- DEATH = Death (As per policy)
- PTD = Permanent Total Disability (As per policy)
- EVACUATION = Emergency evacuation to the nearest appropriate medical facility (but not necessarily to Australia)
- REPATRIATION (1) = injured rider to Australia
- REPATRIATION (2) = mortal remains to Australia



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1. Rider Details;

Full name of Insured Person: _____
Given Name Surname

Address for Notices

Work/Mobile Home Fax

EMAIL: _____@_____

Date of Birth _____ **Weight** _____ (kg)

Height _____(m) **Sex:** Male / Female

Occupation _____ **Name of Employer** _____

What are the normal duties of your occupation? _____

Your Contact Details for Overseas: (if applicable)

2. Period applicable

a) **From** ____/____/____ **to** ____/____/____

Are the event(s) you are participating in, sanctioned event(s) of the F.I.M or an F.I.M Affiliated National Controlling body (as defined)? No Yes

b) **Destination of Travel: (Cities / Countries)**

3. Insured Person's Medical/Insurance History:

- a) Have you had medical or surgical advice or treatment, or been confined in hospital during the past 5 years? No Yes

Details: _____

- b) Have you ever been declined accident sickness or life insurance or been issued such insurance, which has been postponed, modified, rated up, cancelled or renewal refused? No Yes

Details: _____

- c) Have you ever claimed for benefits under any accident or sickness insurance? No Yes

Details: _____

- d) Are there any circumstances connected with your Occupation or other activities, which render you liable to injury or sickness? No Yes

Details: _____

- e) Have you ever had abnormal blood pressure, ulcers, diabetes tuberculosis, cancer, paralysis, arthritis or rheumatism, any disorders of the mental, respiratory, nervous, gahnite-urinary, digestive or circulatory systems, or of the back, spine, eyes or heart? No Yes

Details: _____

- f) Are there any other reasons that would cause you to consider yourself not presently in good health? If yes, give details on attached. No Yes

4. Existing Insurance Cover:

Are you at present insured under any personal/group accident &/or illness Insurance? If so give full details below.

Name of Insurer _____
Capital (Death) Sum Insured _____
Weekly Sum Insured (If Applicable) _____

5. Options- please tick one

- b) **MULTI EVENT / ONE MONTH OPTION** (\$ 187.00)
Duration of Event

Note :-

- Applicable to all cover options - Cover only applies when participating in F.I.M Sanctioned events (as defined)
- Cover will not be given for any condition for which an insured person has received treatment or advice for treatment in the 30 days immediately preceding travel.
- PRIVATE PRACTICE / NON FIM SANCTIONED EVENTS ARE EXCLUDED FROM THIS POLICY.

Payment Methods

Mailing your payment –

- (1) Please return a cheque, bank cheque or postal money order along with this Proposal form to Aon Risk Services – Corporate Risk Services, GPO Box 1230, MELBOURNE VIC, 3001 Attention: Michelle Rhook
- (2) Electronic Direct Bank Deposit

Bank: National Australia Bank
Branch Number: BSB 084 456
Account Number: 125139253
Account Name: Aon Risk Services
- (3) Credit Card Payment Visa Mastercard Amex
(Credit card payments are subject to a 1% surcharge)

Card Number: _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _

Expiry: _ _ / _ _ _ _

Name on Card: _____

Verification Code: _ _ _ _

Your Duty of Disclosure

Before you enter into a contract of general insurance with an insurer, you have a duty, under the Insurance Contracts Act 1984, to disclose the insurer every matter that you know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance, and, if so, on what terms. You have the same duty to disclose those matter to the insurer before you renew, extend, vary or reinstate a contact of general insurance. Your duty however does not require disclosure of matter:

- that diminishes the risk to be undertaken by the insurer;
- that your insurer knows or, in the ordinary course of his business, ought to know
- as to which compliance with your duty is waived by the insurer.

Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the Insurer may also have the option of voiding the contact from its beginning.

6. Declarations:

I/We declare that we have read and agreed to all the above/enclosed notices and all information contained in the proposal form is true and correct in every particular way and I/we acknowledge that the insurer will rely on this information in deciding to give cover, and on what terms. I agree to accept the Insurer's policy subject to the terms and conditions to be contained therein.

Signature.....

Date :

** Confirmation of cover will be provided / cover will only commence when your completed application form and premium payment / payment authority has been received at Aon's office. Rejected payment authorities may place this cover in jeopardy due to non payment of premium.*

** Please send the completed form & payment to:*

Aon Risk Services - Contact Details



Aon Risk Services
G.P.O Box 1230,
MELBOURNE VIC 3001
Michelle Rhook
Telephone (03) 9211 3371
Facsimile (03) 9211 3500
au.fim.insurance@aon.com