



### Camera Insurance Application Form

UNDERWRITTEN ON BEHALF OF CHUBB INSURANCE COMPANY OF AUSTRALIA LIMITED,  
License No. 239778 A.C.N. 003 710 647



Please complete and Fax/Post/Email to Dihusky Financial Services with Payment or Proof of Payment

Insured's Details				
Company Name			ABN	
Applicant's Name			Email	
Address			Telephone	
Address1			Fax	
Suburb			Mobile	
State		Postcode		
Australian Resident?				Interested Parties (Financier if applicable)

Equipment Details									
Type of Equipment	Model Name & No.	Manufacturer	Serial No.	Accessories	Purchase Date	New/Used	Supplier	Country of Purchase	Value (GST inc)

Have you ever had an insurance claim in the last 5 years?

Total Value

Insurance Cover Details		
Comprehensive Insurance Cover - Theft, Fire and Accidental Damage	Term of Insurance <input type="radio"/> 1 Year <input type="radio"/> 2 Year <input type="radio"/> 3 Year	Excess <input type="radio"/> \$100 <input type="radio"/> \$250 <input type="radio"/> \$500 <input type="radio"/> \$1,000
<input type="checkbox"/> I have read the Financial Services Guide and Product Disclosure Statement/Policy Wording	Premium Quoted	<input type="text"/>

#### Payment Methods (Payment must be made at the time of application)



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Credit Card

Cheque

EFT

### Credit Card Details

Type of Credit Card

Name on Credit Card

Credit Card Number

Expiry Date

Amount Paid

Signature


### EFT (Dihusky Financial Services Banking Details)

Bank

St George Bank

BSB

114-879

A/C No.

4844 63676

### Payment by Cheque

Please forward to Dihusky Financial Services

### Privacy Statement

We are committed to protecting your privacy. We use the information you provide to arrange the insurance. We only provide your information to the companies who are involved in providing the insurance or services related to the insurance (for example the insurer and claims assessors). We do not trade, rent or sell your information. You can check the information we hold about you at any time. Your rights to access and our rights to refuse access are set out in the Privacy Act 1988. For more information about our Privacy Policy, please ask us for a copy.

### Your Duty of Disclosure

Before you enter into a contract of insurance you have a duty to answer all questions honestly and you have a duty to tell us anything known to you, and which a reasonable person in the circumstances would include in answer to the questions. We will use the answers in deciding whether to accept the risk of insurance and, if so, on what terms. You have the same duty to disclose those matters to us before you extend, vary or reinstate this contract. If you fail to comply with your Duty of Disclosure, we may be entitled to reduce our liability under the contract in respect of a claim, refuse to pay a claim or may cancel the contract. If your non-disclosure is fraudulent, we also have the option of avoiding the contract from its beginning. The insurance applies for the period for which you have paid (or agreed to pay us). You may pay your premium by cash, cheque or credit card. If your cheque or credit card is dishonored by your financial institution, you are not insured.

Applicants Signature

Date

Please return this application form and  
**Proof of purchase** (ie invoice) to:

### Dihusky Financial Services

PO Box 1672, Oxenford QLD 4210

**Fax:** 07 5556 0635

**Phone:** 07 5556 0635

**Email:** insure@dihusky.com

*Please note that our underwriting team will assess your application on receipt. Within three business days we will send an email advising whether your application has been accepted and confirming whether you are insured or not. Payment by you does not mean we have accepted your application and you will only be insured once we advise you. If your application is not accepted we will promptly refund your payment. If your bank or credit card provider charges you any fee when making payment, our refund will not include this fee. We will only refund the amount we receive from you.*