



Website: www.motorsportinsurance.com.au

BJS Insurance Brokers Pty Ltd

Attention:

Alan Westwood

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Postal Address:

PO Box 314 Frankston Vic. 3199

ABN: 18 096 716 746

AFS Licence No.: 277725

PLEASE PRINT CLEARLY

Personal Accident Insurance Application

Given Name:		Home Phone:	
Family Name:		Work Phone:	
Address:		Fax Number:	
State:	Postcode:	Mobile Number:	
Email:		Date of Birth:	
Occupation:			
Club:			
Association:			
Car type raced:			
Beneficiary's Name:			
Beneficiary's Address:			

Insurance (Please Tick ✓) Premiums include GST and Government Stamp Duty

Senior Driver Basic	\$99	Senior Mechanic Basic	\$69	Senior Official Basic	\$69	Junior Driver Under 16	\$49
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
\$1,000 per week Cover * Death & Capital Benefits \$50,000		\$1,000 per week Cover * Death & Capital Benefits \$50,000		\$1,000 per week Cover * Death & Capital Benefits \$50,000		Student Allowance Death & Capital Benefits \$20,000	
Senior Driver Superior	\$125	Senior Mechanic Superior	\$99	Senior Official Superior	\$99	*Weekly compensation as specified or 85% of your salary as defined whichever is the lesser. APRA APPROVED UNDERWRITER	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
\$1,500 per week Cover * Death & Capital Benefits \$60,000		\$1,500 per week Cover * Death & Capital Benefits \$60,000		\$1,500 per week Cover * Death & Capital Benefits \$60,000			
Senior Driver Maxi	\$299	Senior Mechanic Maxi	\$273	Senior Official Maxi	\$273		
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>			
\$2,100 per week Cover * Death & Capital Benefits \$120,000		\$2,100 per week Cover * Death & Capital Benefits \$120,000		\$2,100 per week Cover * Death & Capital Benefits \$120,000			

All Premiums include GST and Government Stamp Duty.
Your Certificate of Currency will be forwarded on payment of Premium.
Refer to Policy Wording for full cover details and deferral periods.

ADDITIONAL BENEFITS

OPTICAL BENEFIT – Covers optical expenses incurred as result of injury subject to a maximum of \$400 per claim. The Policy does not cover expenses that are recoverable from any other source or where Medicare provides a service.

EXPOSURE BENEFIT – If as a result of an Injury occurring during the Period of Insurance You are exposed to the elements and suffer from any of the Insured Events set out in the Table of Benefits as a direct result of that exposure, We will pay compensations accordingly.

HOUSEHOLD HELP ALLOWANCE – The Policy pays non-income earners up to \$250 per week for a maximum of 52 weeks (subject to a seven-day excess and no other benefit being paid) for reimbursement cleaning, cooking, washing, ironing, child minding expenses necessarily incurred as result of injury covered under the Policy. This is subject to medical certification and the supply of original receipts for services.

AMBULANCE COVER – If as a result of an Injury occurring during the Period of Insurance, We will pay for an ambulance to the closest hospital.

STUDENT ALLOWANCE – The Policy pays up to \$250 per week (subject to a seven-day excess and no other benefit being paid) for a maximum of 52 weeks for student tutoring and travelling expenses incurred as a result of an injury covered under the Policy.

INJURY REHABILITATION BENEFIT – The Policy pays for assistance to aid income earners return to work, taking part in vocational assessments and personal family counselling. This is limited to a maximum of \$2,000.



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PARENTS INCONVENIENCED ALLOWANCE – The Policy pays up to \$15 per day (subject to a maximum payment of \$1,500 and a 24 hour excess) where an insured child, under 16 years of age, is hospitalised as a result of an injury covered under the Policy and where that child received a Student Allowance benefit under this Policy.

UNEMPLOYED PERSONS BENEFIT – As persons in receipt of unemployment or Social Security benefits are not entitled to the normal weekly benefits payment, the Policy provides a benefit of \$100 per week for a maximum of 13 weeks from the date of injury. This benefit is payable subject to a fourteen-day excess and no other benefit being paid under this Policy.

INJURY ASSISTANCE BENEFIT (applicable to non-income earners) – The Policy will reimburse 100 percent of non-medical related expenses to assist an injured person during any period Temporary Total Disablement, as a result of an injury. The maximum amount payable is \$100 per week for a maximum period of 13 weeks from the time of injury and is subject to a fourteen-day excess and no other benefit being paid under this Policy.

MODIFICATION BENEFIT – If the insured persons suffers an injury for which benefits are payable under the Table of Benefits, the Policy will also pay for costs necessarily incurred to modify the injured persons home or vehicle. The maximum payment under the benefit is \$10,000.

FUNERAL EXPENSES – The Policy will reimburse 100 percent of funeral expenses in respect of an insured person fatally injured to the scope of cover under the Policy, up to the maximum amount payable of \$7,000.

Some words that have special meanings are defined here:

"Driver" means person who actually races a vehicle, in any form of race meeting and or practice and or event.
 "Mechanic" or "Crew Mechanic" means person who only works on or assists with race vehicle maintenance and repair.
 "Official" means person who officiates at any race meeting, either organising or officiating in any way with running a race meeting.
Please Note: If a Crew member wishes to drive or race a car he /she must have drivers insurance, except in the case of a grand parade where the car is only idling around the track, usually for wheel pack or driver presentation for major events.

Please Sign Here

I agree that I have read the product disclosure statement plus the policy wording and supporting schedule available from Motorsport Insurance website and/or my local club and agree to the terms and conditions therein and the schedule of benefits. Your Certificate of Currency will be forwarded on payment of premium.

Signature:

X..... Date:

Junior – Under 16 Years Senior – 16 & Over	<u>JUNIOR ONLY</u> PARENT/LEGAL GUARDIAN TO SIGN HERE Signature:
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PAYMENT BY CHEQUE:	Please make payable to BJS Insurance Brokers and send with Application to PO Box 314 FRANKSTON VIC 3199
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PAYMENT BY CREDIT CARD - VISA <input type="checkbox"/> or MASTERCARD <input type="checkbox"/> only - Please Tick <input checked="" type="checkbox"/>

Name (as on credit card):												
Card Number:	□□□□	-	□□□□	-	□□□□	-	□□□□					
Expiry Date of card:	□□/□□	Cardholder's Signature:										

PAYMENT BY DIRECT DEBIT ACCOUNT DETAILS [arrange funds to credit this account] [National Australia Bank]

Account Name: BJS Insurance Brokers Pty Ltd Insurance Broking Trust Account				
BSB:	083 091	Account Number	571499079	Reference: (Your Phone No.)

Underwritten by Accident & Health International Underwriting Pty Ltd
**** NO MEDICAL EXAMINATION REQUIRED***