

# Supplementary Personal Statement

## Boat/sailing/yacht racing questionnaire

13 April 2019

### OnePath Life Limited (OnePath Life)

ABN 33 009 657 176 AFSL 238341  
347 Kent Street Sydney NSW 2000

### Customer Services

**Phone** 133 667  
**Email** customer.risk@onepath.com.au  
**Website** onepath.com.au

### 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)

### Please answer the following questions

1. Type of boat used and engine capacity (if applicable)

Type  Engine  cc

2. Maximum speed attained.....  k/ph

3. How long have you been participating in boat racing?.....  Months  Years

4. Type or category of racing engaged in (please indicate if it is offshore, advanced competition or in international waters).

5. Location(s) of race:

6. Number of races competed in per annum .....

7. Are you a member of a Club? .....  Yes  No

If **yes**, please give details:

Name of Club

Location

8. Please supply details of any accidents or injuries suffered while participating in boat racing:

9. Have you ever engaged in, or do you anticipate engaging in, any record attempts, testing or other unusual activities? .....  Yes  No

If **yes**, please give full details:

## Declaration

I, the life to be insured, declare that the answers to the questions on this Supplementary Personal Statement are true and complete to the best of my knowledge. I understand that the information I provide on this form in conjunction with any other statements made in connection with this application for life insurance will be used by OnePath Life, to decide whether to extend life insurance cover to the policy owner in respect of my life.

I acknowledge and consent to the collection, use, storage and disclosure of my personal information (including health and other sensitive information) as described in the Product Disclosure Statement and OnePath Life's Privacy Policy, which is available at [onepath.com.au/insurance/privacy-policy](http://onepath.com.au/insurance/privacy-policy) or by calling Customer Services on 133 667.

If I have provided information about another person in this application (for example a beneficiary or life insured), I declare that I have the consent of that person to do so. If I give OnePath Life personal information about someone else, I understand that OnePath Life requires me to show them a copy of the Product Disclosure Statement and OnePath Life's Privacy Policy so that they may understand the manner in which their personal information may be used or disclosed by OnePath Life and their related entities.

Name of Life Insured

Signature  Date (dd/mm/yyyy)

Your duty of disclosure continues until the contract of life insurance has been accepted by the insurer and confirmation is issued in writing. Please ensure all changes in health and circumstances since completion of the original Application form and Personal Statement are fully advised.

### Head office

**Office located at**  
347 Kent Street  
Sydney NSW 2000

### State offices

**New South Wales**  
GPO Box 4148  
Sydney NSW 2001

**Western Australia**  
PO Box 7737  
Cloisters Square  
Perth WA 6850

**Queensland**  
GPO Box 1452  
Brisbane QLD 4001

**South Australia**  
GPO Box 1071  
Adelaide SA 5001

**Victoria**  
GPO Box 1903  
Melbourne VIC 8060

### Postal address

OnePath Life  
GPO Box 4148  
Sydney NSW 2001