



# DAN Asia-Pacific Application Form

This form is for use by residents of the Asia-Pacific (other than Australia and Japan)

MANDATORY FIELDS ( MARKED WITH AN \*) MUST BE COMPLETED TO AVOID PROCESSING DELAYS.

If you are applying based on a referral from a Dive Operator enter their Referral Code here:

## SECTION A: MEMBERSHIP

(Provides TravelAssist incl. Emergency Evacuation, Alert Diver Magazine, 24-Hour Emergency Hotlines, Product Discounts, support of DAN). MEMBERSHIP DOES NOT INCLUDE DIVE INJURY (TREATMENT) INSURANCE. YOU CAN CHOOSE TO ADD THIS BELOW.

Are you a Renewing Member? (Please Tick) YES  NO

If renewing please enter your existing membership number:

**MEMBERSHIP TYPE:**  Individual (AUD\$70)  Family (AUD\$95) *Note: Price includes AUD\$10.00 for postage*

A Family Membership is defined as you and your spouse or domestic partner or dependent; Child if unmarried and under 18 yrs old or; your unmarried child who is 18 yrs old or until his or her 24th birthday if that child, a) is enrolled as a full-time student at an accredited school or college and; b) is not employed on a full-time basis; and c) has the same home permanent address as the parent.

## PRIMARY MEMBER'S DETAILS

\* Last Name/ Family Name:  \* First Name:  Other Name/s:

\* Date of Birth:  /  /  *If you are aged 50 & over please advise the date of your most recent medical (& refer to the notes section over page):*  /  /

\* Residential Address:  \* State/ Province:

\* City:  \* Zip / Postcode:  \* Country:

\* Mailing Address: Is your mailing address the same as your postal address: YES:  NO:

If the postal service in the country you reside is unreliable, you may provide a mailing address, which may be in another country, so that you receive your Membership Pack and other communications, such as Alert Diver magazine.

Mailing Address:  State / Province:

City:  Zip / Postcode:  Country:

Home Ph:  Work Ph:  Mobile:

Email:

NOTE: By providing your email address you agree to receiving confirmation of your application, a Membership renewal reminder, the DAN AP quarterly newsletter, information on special events and DAN Training in your area and, on occasion, other promotional or safety emails.

\* Do you have any other current health/injury/travel insurance?  YES  NO If "yes" please identify the insurer/s:

## \* PRIMARY MEMBERS OPTIONAL DIVE INJURY INSURANCE REQUIREMENT

NOTE: Optional Dive Injury Insurance is in addition to DAN AP Membership. If no option is selected we will assume you are applying for membership only.

No Dive Injury Insurance Required  Standard (AUD\$60)  Master (AUD\$75)  Preferred (AUD\$125)  Preferred Plus (AUD\$170)

## \* NATIONALITY

\* Please enter your Nationality

If you are not a National of the Asia-Pacific (excl. Japanese Nationals living in Japan, and any residents of Australia), tick here to declare you intend to reside in the region for a period of 3 months or more.

Note: Should you make a claim you may be required to provide evidence of your long term residency in the region for your claim to be approved.

## MEDICAL CONDITION, SIGNIFICANT INJURY OR DCI

\* If you, or a family member included in your family membership, have a medical condition or have had a significant injury or previous decompression illness (DCI) this needs to be declared.

Do you have anything to declare? YES  NO

If "Yes", you must download a Medical Declaration Form ([www.danasiapacific.org/main/\\_pdf/medicaldeclaration.pdf](http://www.danasiapacific.org/main/_pdf/medicaldeclaration.pdf)) & fax it to DAN along with this application form. If you are unsure whether your condition, injury or previous DCI should be declared we recommend you do complete the declaration and allow the DAN Team to determine the relevance.



# Notes on Completing the DAN Application Form O/S

*This application form is made up of four (4) distinct sections.*

## Sections of the Application You Need to Complete

*Where details have been provided for the primary applicant only, it will be assumed membership is for an individual applicant only.*

**INDIVIDUAL MEMBERSHIP:** You will only need to complete sections A, C and D if applying for an Individual Membership with or without the Optional Dive Injury (Treatment) Insurance component.

**FAMILY MEMBERSHIP:** You will need to complete all sections (A,B,C,D).

## Information About Your Application

Membership is annual for 12 months from the date of activation. **Membership and premium prices are shown in Australian dollars (AUD\$).** Your membership and insurance are not activated until acceptance and processing by DAN AP and confirmation of valid payment. Payment must accompany application. Processing normally takes 1 week unless a **Fast Processing** is requested. Please ensure that your membership is arranged in advance of an anticipated trip. *Availability of services and benefits for evacuation or injury commences on acceptance of an application for membership of DAN AP. The applicant is required to complete the application fully and in good faith. No cover is provided for any evacuation, medical, paramedical or other injury benefits resulting from or materially contributed to, directly or indirectly by any diving or other activity in which the applicant engaged prior to and up to the time of acceptance of the application by DAN AP, regardless of the date on which any claim for cover is made by or on behalf of the applicant.* **NOTE: Prices include State Stamp Duty administration charges. Your credit card will be debited according to the options you have selected.**

## Applicants Aged 50 and over

Our statistics highlight that there has been a significant increase in diving-related deaths involving divers over about 45 years of age. Many of these result from cardiac-related problems that were precipitated by the numerous cardiac stressors in the diving environment. These incidents often occur in divers who were unaware of any pre-existing problems. As a diving safety initiative, we are encouraging divers over about 50 to visit a doctor, preferably one trained in diving medicine (who should be more aware of the stressors of the diving environment), to discuss their diving and health and determine whether any particular testing is advisable. For this reason we ask you to advise us when you last underwent a Diving Medical. We will then determine whether your application can be finalised or whether you need to provide further information or undertake a diving medical.

## Fast Processing

There is no evacuation or insurance cover whatsoever until payment has been cleared and the application has been accepted by DAN. Once completed you will be faxed or emailed your membership number as well as the contact numbers to be used in an emergency, so be sure to provide a legible fax number or email address. Fast processing means your application will normally (excluding payment/medical issues) be processed within 24 hours from the time of receipt at the DAN Asia-Pacific Office providing it is received on a week day before 2pm Friday. If received on a weekend your application will be processed within 72-hours from the time of receipt at DAN's Head Office.

## Nationality

If you are not a National of the Asia-Pacific region (this excludes Japanese Nationals living in Japan, and any residents of Australia) you will need to tick the box to state that you will be residing within the region for a period of 3 months or more. By ticking the box you are stating this is true. You must note that in the event of a claim you may be required to prove your long-term residency in the region for a claim to be approved.

## Duty of Disclosure

**What you must tell us** -When answering our questions, you must be honest and you have a duty under law to tell us anything known to you, and which a reasonable person in the circumstances, would include in answer to the question. We will use the answers in deciding whether to insure you and anyone else to be insured under the policy, and on what terms.

**Who needs to tell us** - It is important that you understand you are answering our questions in this way for yourself and anyone else whom you want to be covered by the policy.

**If you do not tell us** - If you do not answer our questions in this way, we may reduce or refuse to pay a claim, or cancel the policy. If you answer our questions fraudulently, we may refuse to pay a claim & treat the policy as never having worked.

## DECLARATION

*By submitting this form the proposed Insured Person states as follows:*

1. I am the Insured Person and I have read and understood the questions in this form. In particular I understand the Duty of Disclosure to the Insurer as outlined on this website.
2. I acknowledge that the Insurer will rely on the statements in this form and other qualified persons in relation to this insurance in deciding whether to issue cover. I acknowledge that the Insurer will have no liability whatsoever until it accepts this application.