

# Your 1Cover Travel Insurance Quote

Please Note That This Is Not Your 1Cover Certificate Of Insurance



## Policy Details

**Quote Issue Date:** 04/10/2016  
**Quote Reference:** 1CAUQ8959791  
**Plan:** Comprehensive  
**Cover Type:** Group  
**Destination:** Europe  
**Start Date:** 01/11/2016  
**Return Date:** 31/10/2017  
**Policy Excess:** \$100.00

## Policy Options

Not Applicable

### Your Quote Price

**\$1,519.70**

This quote is only valid for 14 days.

## How Do I Pay For My 1Cover Travel Insurance?



### Online

You can simply use the "Buy Now" button from your quote email. This will take you to our website where you can retrieve your quote and make a secure payment via Visa or Mastercard.



### Phone

Contact our friendly and experienced call centre on 1300 192 021.



### Bank Transfer

You can make a Bank Transfer to the following:

**BSB:** 082-080

**ACC Number:** 24-617-7850

**ACC Name:** 1Cover Pty Ltd

Please make sure to put the quote number as payment reference and email us the remittance advice along with the following form completed.

## Paying By Cheques Or By Bank Transfer?

Please complete the following form with the policy holder details and the travellers details then send us the form at this address:

If you are paying by cheques, please make it payable to 1Cover Pty Ltd.

1Cover  
Level 11/307 Pitt St  
NSW 2000 SYDNEY

## Policy Holder's Details:

Title \_\_\_\_\_ First Name \_\_\_\_\_ Surname \_\_\_\_\_

Date Of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact Number ( \_\_\_\_ ) \_\_\_\_\_

Address: \_\_\_\_\_

## Travellers Details:

People covered under this policy - continue on the back of this form if necessary.

Title:	First Name:	Surname:	DOB (dd/mm/yy):	Dependant?
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

## Declaration

I have read and understood the Combined Financial Services Guide and Product Disclosure Statement (including Policy Wording) (the PDS) (in particular my Duty of Disclosure and the Privacy Notice) and I agree to the PDS, FSG and my Certificate of Insurance being delivered by email.

Please keep me up to date with offers, discounts, new products and promotions by email.

\_\_\_\_\_  
Signature & Date