

Ponant Kimberley Cruise

17 Days Fly Stay & Cruise & Tour

29 July – 14 Aug 2025

Booking Form

PASSENGER 1

PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr	Date of Birth:
First Name (as per passport)	
Middle Name (as per passport)	
Surname (as per passport)	

Preferred name :

PASSENGER 2

PERSONAL DETAILS

Title Mr Mrs Ms Miss Dr	Date of Birth:
First Name (as per passport)	
Middle Name (as per passport)	
Surname (as per passport)	

Preferred name :

Address

Postal address (if different from above)

Suburb	State	Postcode
Home Ph	Work Ph	
Mob	Celebrity Membership/s:	

Email

Are you traveling with others? If so, please advise names:

Your Stateroom Choice:-

- Superior Ocean View Stateroom** (No Balcony) Deck 3 Included in Package
- Deluxe Stateroom** (with Single door Balcony) Deck 3 + \$ 999 per person
- Prestige Stateroom** (with Sliding Balcony) Deck 4 + \$ 1998 per person

IMPORTANT EMERGENCY CONTACT NOT TRAVELLING WITH YOU

Name

Relationship

Home Ph

Mob Ph

Email

DIETARY REQUIRMENTS

Diabetic

Gluten Free

Low fat

Vegetarian
With dairyVegetarian
Without dairy

Allergy (details)

ROOM BEDDING PLEASE TICK YOUR PREFERENCE**1 x King Bed****2 x TWIN Beds****TRAVEL INSURANCE** (please tick)

- I accept Dream Maker Travel's Travel Insurance, so please Issue my Policy
- I will use my Credit Card Policy which I understand has limitations
- I will use an alternative Insurance Policy which I understand has limitations
- I will depart Australia without Travel Insurance at my own risk

Please read and follow the 4 x Easy Steps below....**1. First things first...Please read the below plus
"What is a Pre Existing Medical Condition" ?**

Whilst our policy excludes claims arising from Pre-existing Medical Conditions, there are some conditions for which We provide automatic cover. Where automatic cover for a Pre-existing Medical Condition is not offered, it is possible for You to apply for cover. Where automatic cover for a Pre-existing Medical Condition is not offered, it is possible for You to apply for cover.

If You wish to apply for and We agree to cover Your Pre-existing Medical Condition, We may apply special conditions, limitations and/or increased excesses to claims relating to Your Pre-existing Medical Condition. We may also wish to charge additional premium to provide cover for Your Pre-existing Medical Condition.

"What is a Pre Existing Medical Condition" ?**A Pre-Existing Medical condition is defined to mean:-**

Any Physical and/or Mental defect or Illness, Disease or Condition or Injury

If you answer YES to any of the below then you have a Pre-Existing Medical Condition

- A. I have or have had ANY type of Cancer diagnosis and/or Treatment or Surgery at some time in my Life.
- B. I have a Heart Condition and have Check-ups which may include a Specialist and or I have had Surgery.
- C. I take Prescribed Medication for a Medical Condition.
- D. I have a Ongoing or Recurring Medical Condition or have a Complication attributable to a Condition.
- E. I am currently or have been Investigated or treated by a Medical Practitioner or Health Professional within 90 Days of this Policy being Issued. (includes Dentists or Allied Health Practitioners)
- F. I am aware that I have had or currently are experiencing Symptoms.

2. Please read the below List of Automatically **INCLUDED** Pre Existing Medical Conditions.

VERY Important

If you have **more than 1 Included** below **Pre Existing Medical Condition** then you **MUST** do a **Medical Declaration** and declare **ALL** your Medical Conditions

Automatically Covered Pre-existing Medical Conditions

Provided that You have not been hospitalised (including attendance at Accident & Emergency or day surgery) in the past 24 months or sought medical attention in the 90 days prior to issue of Your policy (or 30 days prior to travel in the event of an Annual Multi Trip policy), We will cover You for the following Pre-existing Medical Conditions listed below.

Please note We are only able to offer automatic cover for certain Pre-existing Medical Conditions suffered by You (i.e. the person(s) insured under the policy). There is no cover for any Pre-existing Medical Condition suffered by any person other than the person(s) named on the Certificate of Insurance. At no time is there any cover for any diagnosed or undiagnosed condition where You are awaiting investigation, referral, treatment or results; travelling against medical advice or to obtain medical treatment; and/or where a terminal prognosis has been made.

- Acne
- Arthritis
- Asthma

(provided You are under 60 years of age, have no other known or underlying respiratory conditions (including Chronic Bronchitis, Chronic Obstructive Pulmonary Disease (COPD), Emphysema or Pulmonary Fibrosis and/or sleep apnoea), haven't required cortisone medication except taken by inhaler or puffer, haven't required hospital treatment for asthma in the last two years and have been a non-smoker for at least 18 months)

- Blindness and low vision
- Cataracts
- Corneal graft
- Coeliac Disease
- Deafness
- Dermatitis
- Ear grommets
- Eczema
- Food allergy

(provided You do not suffer Anaphylaxis following consumption of or exposure to the allergen)

- Gastric reflux
- Gout
- Hay fever
- Hiatus hernia
- High Cholesterol/Hypercholesterolaemia

(provided it is managed in regular consultation with Your Medical Practitioner and is below 6.0 millimoles per litre and You do not also suffer from high blood pressure, other known cardiovascular disease and/or diabetes. If you have high cholesterol and also high blood pressure, diabetes and/or any form of cardiovascular disease, You will need to complete medical screening if You want to include cover for these conditions.)

- High blood pressure/Hypertension
(provided it is managed in regular consultation with Your Medical Practitioner and You do not also suffer from high cholesterol, You do not take more than 2 medications and there has been no change in medication or dosage in the last 6 months and You have been a non-smoker for at least 18 months. If You have high blood pressure and also high cholesterol, diabetes and/or any form of cardiovascular disease, You will need to complete medical screening if You want to include cover for these conditions.)

- Hip replacement
(if the procedure was performed over 12 months ago but less than 10 years ago)

- Knee replacement
(if the procedure was performed over 12 months ago but less than 10 years ago)

- Macular degeneration
- Menopause
(provided You do not suffer from Osteoporosis)

- Overactive / underactive thyroid
(provided the condition is not caused by a tumour)

- Peptic ulcer
- Psoriasis
- Pregnancy *(subject to General Exclusion 33)*
- Rhinitis
- Sinusitis
- Skin cancer *(but not Melanoma)*
- Urticaria *(Hives)*

If Your Pre-existing Medical Condition(s) do not satisfy the criteria for automatic cover, you will need to apply for cover.

If You have any Pre-existing Medical Condition(s) which are not automatically covered, You must declare all of Your Pre-existing Medical Conditions (including any conditions which are noted in the above Automatically Covered Pre-existing Medical Conditions list).

Following declaration of Your Pre-existing Medical Conditions, We will either agree to cover all of Your Pre-existing Medical Conditions or none of them.

3. If you have a Pre Existing Medical Condition then what do you do to get Cover ?

If you have **CHECKED THE Above List** and you need to **ADD** a Pre-Existing Medical Condition to your Quote ?

Very Important:-

When declaring your Pre-existing Medical Condition that is **NOT Covered**, **YOU MUST DECLARE ALL Medical Conditions & this includes ANY Automatically Covered Pre Existing Medical Conditions noted on the above List !!!!!**

GO Insurance will then agree to Cover ALL of your Conditions or NONE of them...

Please call us and we will Complete this for you .

You can then discuss your Medical Conditions with us and ADD them to your Policy
We will also advise the **Cost to ADD your Pre Existing Medical Conditions..**

4. If you DO NOT have any Pre - Existing Medical Conditions

- If you do **NOT have any below Medical Conditions** to ADD then Please just **Scan & email me the attached Client Declaration** and **tell me to go ahead and Issue your travel Insurance.**
You will then Receive your Policy on your Email. 😊

Please note:-

If you DO NOT get Offered Medical Cover for your Condition's then Please do not Worry. Just CONTACT Me Immediately as there are other Insurance Companies that MAY COVER YOU...

A PHOTOCOPY OF YOUR PASSPORT (even if expired) IS REQUIRED TO ACCOMPANY THIS FORM TOGETHER WITH THE DEPOSIT.

I,, understand that the DREAM Maker Travel Escort will be on board our Holiday Cruise. The exception to this would be due to a personal/family or business emergency or unforeseen circumstance outside of her control, which would prohibit her from travelling.

- I have read and agree to these Terms and Conditions.
- I declare the information is correct and the passport names are correct.
- I also understand that any name changes may incur penalties and/or loss of airfare.
I agree it is my responsibility to ensure I am fully covered with Travel Insurance.

Deposit of \$ 4000 per person Once Paid this is Non-Refundable.

I understand the following Cancellation Fees apply to these exclusive Group Tour Conditions:

- **We strongly recommend you pay for & get Travel Insurance issued at time of deposit to cover you for any unforeseen cancellation (as per the conditions of GO Travel Insurance)**

Final balance is to be PAID by 15 APRIL 2025

If cancelled after this date, **all payments are non-refundable**. These conditions are due to Special Tour & Group Cruise Ship Allocations. We can assist you with a Travel Insurance Claim if required.

Signed.....Date.....
Signed.....Date.....

PLEASE SCAN AND EMAIL, OR POST THE COMPLETED FORM TO:

dream maker travel

Street Address: 39 Highland Crescent, Belmont, QLD. 4153

Postal Address: P.O. Box 1955, Carindale QLD. 4152

Tel: 07 3343 5422 Mobile 0414 445 279

Email: hilary@dreammakertravel.com.au

Payments:- Bank Transfer Details

National Australia Bank

BSB: 084 435

Account: 11 488 4748

dream maker travel **** Please put your Surname in as a Reference ****

Travel Insurance

Please read and Complete & Scan Back to me this form....

YourCover Pty Ltd
ABN 35 169 038 466
AFS Licence No. 461299
Trading as Go Insurance



CLIENT DECLARATION

Traveller Name/s:

Quotation Number:

I confirm that I / we:

- Am / are resident in Australia or have been residing in Australia for at least the previous 3 months.
- Received and read a copy of the combined Go Insurance Product Disclosure Statement (PDS), Financial Services Guide (FSG) and policy wording before applying for this insurance.
- Agree to the terms of the combined PDS, FSG and policy wording and consent to the collection and use of my / our personal information as permitted by law.
- Complied with my / our duty of disclosure and have permission to complete this application on behalf of all persons to be insured by this policy.
- Understand that this policy only provides automatic cover for certain pre-existing medical conditions as detailed in the policy wording.
- We consent to receiving policy documentation electronically.

Signature:

Date: