

# MEDICAL QUESTIONNAIRE

(to be submitted if required)

## IMPORTANT

Prior to completing this questionnaire, please note that failure to disclose material information (i.e. information that would influence the acceptance of the risk and/or terms applied) could invalidate the Insurance. If you are in any doubt as to whether any information is material, it should be disclosed. **ALL QUESTIONS MUST BE ANSWERED.**

## Person to be Insured

Full Name:.....Policy Number (if purchased).....

Policy type: ..... Level of cover: ..... Policy start and end dates: .....

Address:..... Tel Number:.....

Occupation:.....Sports to be insured:.....

Date of Birth:..... Height ..... Weight .....

## Proposer: (if not person named above)

Full Name:.....

Please tick (T) the reason(s) for submission of this form and supply the information requested:

**Existing Medical Condition**

Please describe the Condition and supply a letter from your Doctor / Specialist stating your actual condition **and** your suitability to take part in Sport.

Description (use further sheets if necessary)

**Over 65 Years of age**

Please list the Sports that you will take part in. Please supply a letter from your Doctor/Specialist stating your suitability to take part in your chosen Sport (as applicable).

Description (use further sheets if necessary)

**Medical claim made within the past 3 years**

Please supply details of the Incident which led to the claim (Date, place, weather conditions etc) and details of the Claim itself (Medical diagnosis, time in Hospital, procedures taken). Also supply a Doctor's note to state that you are fit to partake in your chosen sport if ongoing risk might exist.

Description (use further sheets if necessary)

**Please tick (T) Yes or No to the following questions. If Yes please give full details in the box provided:**

1. Has the Person to be Insured:

a) Any physical or mental defect or infirmity? ..... Yes / No

b) Defective sight or hearing? .....Yes / No

c) Suffered from any recurring, intermittent, acute or chronic disease, condition or disorder?.....Yes / No

2. In the past 12 months has the Person to be Insured sought medical advice for any injury or condition (other than any minor ailments)?.....Yes / No

3. Has any Insurer in connection with Accident, Sickness, Medical or Life Insurance in respect of the Person to be Insured ever:

a) deferred or declined a proposal, refused renewal or terminated an insurance?.....Yes / No

b) required an increased premium or imposed special conditions?.....Yes / No

4. Are you covered under any other Personal Accident Insurance Policy? .....Yes / No

## DECLARATION

I declare to the best of my knowledge and belief that the above statements and associated explanations are true and complete. I further declare that I have not withheld any material facts likely to influence acceptance or assessment of my application for Insurance.

Signature:

Date