

# COMPASS UNDERWRITING LIMITED GROUPAMA - MEDICAL QUESTIONNAIRE

In order that we may assess your proposal for insurance in a fair and accurate manner, please complete the following form.

If you are unclear about your medical status use our Medical Fitness To Travel Certificate.

### IMPORTANT

In completing the questionnaire, please make sure you answer each question fully and accurately indicating 'NO' where applicable. Failure to disclose material facts could affect payment of benefits. Material facts are those that an insurer would regard as likely to influence the assessment and acceptance of a proposal. Therefore, if you are in doubt whether certain facts are material, you are strongly advised to disclose them.

Please answer the following questions carefully and accurately:

Name: ..... Date of Birth: .....

Address: .....  
.....

Countries to be visited and duration: .....

Details of occupation whilst travelling including any manual or hazardous duties:  
.....

Name of GP: ..... Address of GP: .....

- Are you, or a close relative currently suffering from, or have suffered from any medical, surgical, psychiatric or other condition for which you have received treatment or advice (including pregnancy) in the last 2 years or are on a waiting list for specialist opinion, investigation or treatment.

Expand below:

Date	Diagnosis	Duration	Treatment	Medications	Frequency of attacks	Pregnancy (dates)

- Have you been a hospital in-patient within the last 12 months? Please give reasons and dates.

Date	Reasons

3. Have you ever made a claim against any insurer for overseas medical expenses within the last 3 years? (If yes, please give full details)

Date	Details of Claim

4. For what conditions have you been treated for in the last 2 years?

<u>Conditions</u>	<u>Dates</u>	<u>Treatment/Follow Up</u>

**For Data Protection Act purposes**, we will hold and process your personal data for insurance administration. For this purpose, the information may also be passed to selected third parties and reinsurers.

You consent to our processing sensitive data about you and other persons who may be insured under the contract. You understand that all personal data you supply must be accurate, and you have the specific consent of those other persons insured to disclose their personal data.

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**DECLARATION**

I declare that the answers given to the questions on this Medical Questionnaire are true and complete to the best of my knowledge, and belief.

Signature ..... Date.....