

# Diabetic Questionnaire

**Important** - Please read the following information carefully.

You are required by the provisions of the Consumer Insurance (Disclosure and Representations) Act to take reasonable care to supply accurate and complete answers and to make sure that all information supplied is true and correct.

If there is any information that is incorrect, incomplete or missing you must contact your insurance advisor immediately. If you do not, your policy may be cancelled, or treated as if it never existed, or your claim rejected or not fully paid. We will advise you of any revised premium and/or terms and conditions that may result from any amendments you make, and revised documents will be issued to you.

You are recommended to keep a copy of all information supplied (including copies of letters) for the purpose of entering this contract. You may apply for a copy of this form at any time within the next three months.

Name of Insured: \_\_\_\_\_

Policy/Quote Number if applicable: \_\_\_\_\_

1. Full Name: \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

4. Date of onset: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

5. Height: \_\_\_\_\_

6. Weight: \_\_\_\_\_

7. When did you last consult your GP regarding this condition? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Are you currently being treated or taking prescription medication for this condition? Yes  No

If yes, please provide details \_\_\_\_\_

9. Do you attend a diabetic clinic for regular checks for this condition? Yes  No

If yes, please provide details \_\_\_\_\_

10. Is your blood glucose stable and in control? Yes  No

If no, please provide details \_\_\_\_\_

11. Have you ever had any complications with any of the following? (tick as appropriate)

	Yes	No		Yes	No
a. Eyes	<input type="checkbox"/>	<input type="checkbox"/>	b. Kidneys	<input type="checkbox"/>	<input type="checkbox"/>
c. Protein in urine	<input type="checkbox"/>	<input type="checkbox"/>	d. Elevated blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
e. Heart	<input type="checkbox"/>	<input type="checkbox"/>	f. Feet or extremities	<input type="checkbox"/>	<input type="checkbox"/>
g. Neurological	<input type="checkbox"/>	<input type="checkbox"/>			

If yes to any of Q11 please provide details and relevant dates \_\_\_\_\_

12. Have you ever had an admission to hospital as a result of your diabetes Yes  No

If yes to any of Q12 please provide details and relevant dates \_\_\_\_\_

## Additional information:

Please read this notice carefully as it contains important information about **our** use of **personal information**. **Personal information** means any information **we** have about **you** and the other people insured under **your** policy, some of which is known as “sensitive personal data”. This will include information relating to health issues and criminal convictions.

**We** need to use sensitive and personal information to provide **you** with quotes, arrange and manage **your** policy and to provide the services described in **your** policy documents (such as, including handling underwriting and dealing with claims).

**We** are part of the Ageas group of companies. **We** may share **personal information** with other companies in the group for any of the purposes set out in this notice. **We** will also use **personal information** to assess **your** insurance application

**We** may have to share **personal information** with other insurers, statutory bodies, regulatory authorities, **our** business partners or agents providing services on **our** behalf and other authorised bodies if **we** need to do this to manage **your** policy with **us** including settling claims, for underwriting purposes, for management information purposes, if **we** are required or permitted to do this by law (for example, if **we** receive a legitimate request from the police or another authority); and/or if **you** have given **us** permission.

### Declaration:

I declare that to the best of my knowledge and belief the information given on all pages of this form is correct and complete.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

When complete please return this form to: Ageas Insurance Limited, Personal Accident Underwriting, 6th Floor, One America Square, 17 Crosswall, London EC3N 2LB  
Tel: (0370) 241 6182 Fax: (0207) 264 2864 Email: [patravel.underwriting@ageas.co.uk](mailto:patravel.underwriting@ageas.co.uk)

### Ageas Insurance Limited

Registered office address

Ageas House, Hampshire Corporate Park, Templars Way, Eastleigh, Hampshire SO53 3YA

[www.ageas.co.uk](http://www.ageas.co.uk)

Registered in England and Wales No 354568

Ageas Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

PAGR440 May 2015.

**We** may use **personal information** and information about **your** use of **our** products and services to carry out research and analysis. **We** will only use **personal information** to market **our** products and services to **you** if **you** agree to this.

**We** may research, collect and use data about **you** from publically available sources including social media and networking sites. **We** may use this data for the purposes set out in this notice, including fraud detection and prevention.

**We** may record or monitor calls for training purposes, to improve the quality of **our** service and to prevent and detect fraud. **We** may also use CCTV recording equipment in and around **our** premises.

**You** are entitled to receive a copy of any **personal information** **we** hold about **you**. If **you** would like to receive a copy, or if **you** would like further information on, or wish to complain about, the way that **we** use **personal information**, please write to the Data Protection Officer at Ageas Insurance Limited, giving **your** name, address and insurance policy number.

If **we** change the way that **we** use **personal information**, **we** will write to **you** to let **you** know. If **you** do not agree to that change in use, **you** must let **us** know as soon as possible.

The logo for Ageas, featuring the word "ageas" in a lowercase, bold, sans-serif font. A registered trademark symbol (®) is located at the top right of the letter "s".