

Fitness to Travel Certificate

Dear Sir / Madam,

Your patient has applied for Travel Insurance and they require the following certificate to be completed. I am writing to you in order to minimise the possibility of a dispute arising from the cancellation, curtailment, or medical expenses incurred during such travel. Please note that at this stage, there is no need for me to have sight of their original records.

Doctors Name, Qualifications and Address: _____

In what capacity do you consult this person? (delete as appropriate)	Specialist / GP / NHS / Private	
Do you have full access to their medical records?	YES/NO	
What medication is prescribed?		
Has he/she, a condition which might, with a view to past experience, age and the natural history of the condition, lead to a cancellation or curtailment or claim for medical expenses?		
NB: If you answer affirmatively, cover may still be offered on a different basis.		
The above named	YES/NO	Reason:

Patient Name:	Date of Birth: / /
Address:	Destination of Travel:
:	Dates of Travel:
	Duration of Travel:

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.

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.

Signature: _____ Date: _____

Thank you for your co-operation. I await the requested information from you, but if I can be of any help in the meantime please contact me on the telephone number below.

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

Ageas Insurance Limited

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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.

The logo for Ageas Insurance Limited, featuring the word "ageas" in a lowercase, bold, sans-serif font. The letter "a" is stylized with a horizontal bar extending to the left. A registered trademark symbol (®) is located at the top right of the letter "s".