

## IMPORTANT POLICY INFORMATION

Please read the following pre-travel conditions carefully to ensure that you fully understand and can comply with these requirements.

### CONDITIONS

#### Health Conditions

##### **Applying to all areas**

It is a condition that at the time of taking out this policy and between that time and your departure you must comply with each of the following:

- 1) You are not aware of any reason why the trip should be cancelled or cut short
- 2) You are not travelling:
  - a) against the advice of a medical practitioner
  - b) for the purpose of obtaining medical treatment, or
  - c) if you have been given a terminal prognosis

3) You are not receiving or awaiting treatment for an illness or injury as a hospital day case or in-patient, as any claim arising from this injury or treatment will not be covered.

#### ***If you are travelling outside England, Scotland, Wales and Northern Ireland, the following additional conditions will apply:***

You must notify the Issuer of this policy immediately of any of the conditions listed below arising between the date the policy is issued and the time of departure of the trip. We must be informed of any fact which is likely to influence us in the acceptance, assessment or continuance of this insurance. Failure to do so may invalidate this insurance, leaving you with no right to make a claim.

- 1) You are not receiving or awaiting treatment for an illness or injury as a hospital day case or in-patient, as any claim arising from this injury or treatment will not be covered.
- 2) if you have received medical treatment as a hospital day case, in-patient or out-patient during the six months prior to the booking of the trip, you must obtain from a medical practitioner at your cost confirming that you will be fit enough to take the trip.
- 3) if you are undergoing medical treatment as a hospital out-patient at the date the final balance of the trip is due to be paid, a certificate of fitness confirming your ability to travel must be obtained by you at your cost.
- 4) if you are on medication at the time of travel your medical condition is stable and well controlled.

The Policy contains the following General Exclusions:

**YOU ARE NOT COVERED** for anything caused directly or indirectly by you suffering from stress, anxiety or depression unless it has been investigated and diagnosed as such by a Consultant specialising in the relevant field, who must confirm in writing at your cost that you are fit enough to take this trip



Dear Traveller

### **COACH HOLIDAY TRAVEL INSURANCE SCHEME MEDICAL DECLARATION FORM**

Please only complete if the following applies:

- You are on prescribed medication or
- seeing your GP/Consultant on a regular/periodic review.

Carefully read all the information listed below and on the back page of this form, and then complete all questions in **BLOCK CAPITALS** and tick box where applicable.

**Failure to complete all questions may lead to delay in reply**

#### **GENERAL ADVICE**

- A. Your travel insurance is there to provide you with peace of mind and you naturally want to know what you are covered for, It is most important that you read the insurance wording carefully and familiarise yourself with the various terms and conditions contained therein.
- B. It is particularly important that you consider the pre-travel conditions and ensure that you can comply with them.
- C. As with all insurance it is important that you declare any *material facts* that may affect the Underwriters' judgement - **we recommend that if you are in any doubt as to whether the underwriters "need to know", then declare the information.**
- D. The principal area to consider is your own state of health and that of your family, close relatives, travelling companions **and** any other person(s) on whom the trip or journey may depend.
- E. Unless we specifically ask you to do so, there is **no need** to go and see your Doctor. If, having received your completed form we determine that more information is required, only then might we ask you to contact your GP. In such circumstances your Doctor may wish to charge you for providing information - these charges must be borne by you.

**IF YOU HAVE ANY FURTHER ENQUIRIES REGARDING THIS FORM  
PLEASE CALL 01932 334145 (NORMAL OFFICE HOURS MONDAY TO FRIDAY  
9am-5pm ONLY)**

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**COACH HOLIDAY TRAVEL INSURANCE SCHEME**

**Medical Declaration Form - PART 1**

Please only complete this form if you are taking prescribed medicine or are seeing your GP or Specialist for periodic reviews or on-going treatment of a medical condition.

**IMPORTANT** Please print answers in **BLOCK CAPITALS**  
Failure to complete all questions may lead to delay in reply

1.	Title	( Mr/Mrs/Miss/Ms )
2.	Surname	
3.	Forename(s)	
4.	Address	
5.	Town	
6.	County	
7.	POSTCODE	
8.	Date of Birth	
9.	Telephone Number	

10.	Have you previously made any claims for medical expenses or holiday cancellation ? <i>If YES, please provide details on separate sheet</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11.	Have you consulted your GP or Specialist regarding the proposed holiday or journey ? <i>If YES, please provide details on separate sheet</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>

12.	Coach Operator or Tour Operator Name	
13.	Policy No.(s)	BIB/
14.	Date Policy Issued	
15.	Date of Booking	
16.	Holiday Destination - Country Name(s)	
17.	Holiday Cost (P/Person)	
18.	Outward Travel Dates	No. Days
19.	Return Travel Dates	

**COACH HOLIDAY TRAVEL INSURANCE SCHEME**

**Medical Declaration Form - PART 2**

List **ALL** medical conditions and **ALL** prescribed medicines - please print answers in **BLOCK CAPITALS**

<b>1<sup>st</sup> Medical Condition :</b>		Date Diagnosed
Is this condition considered to be "stable" ? YES NO (tick one)		[ / / ]
Has this condition ever necessitated a hospital admission, if so what date ?		[ / / ]
Prescribed Medicine - See Notes 3 & 4 below	3.	
1.	4.	
2.	5.	

<b>2<sup>nd</sup> Medical Condition :</b>		Date Diagnosed
Is this condition considered to be "stable" ? YES NO (tick one)		[ / / ]
Has this condition ever necessitated a hospital admission, if so what date ?		[ / / ]
Prescribed Medicine - See Notes 3 & 4 below	3.	
1.	4.	
2.	5.	

<b>3<sup>rd</sup> Medical Condition :</b>		Date Diagnosed
Is this condition considered to be "stable" ? YES NO (tick one)		[ / / ]
Has this condition ever necessitated a hospital admission, if so what date ?		[ / / ]
Prescribed Medicine - See Notes 3 & 4 below	3.	
1.	4.	
2.	5.	

**NOTES**

- 1 All medical conditions currently under treatment or periodic review MUST be listed, use a separate sheet if there is insufficient room on this form.
- 2 Diagnosis Date is the date when you first saw your GP about the medical condition
- 3 We suggest you refer to the medicine's packaging to ensure correct spelling
- 4 If you are prescribed more than 5 medicines for any medical condition, please continue on a separate sheet of paper.

**DECLARATION**

I, the undersigned, declare that all information provided on this form and any attachments is truthful to the best of my knowledge and belief and that no information has been withheld which may influence the insurer(s) in their assessment of this risk.

Signed	Print Name	Date

**Once complete this form should be returned to Townergate Chapman Stevens ;  
By Facsimile - 01932 351238 or  
By Post - Townergate House, 22 Wintersells Road, Wintersells Business Park, Byfleet, Surrey KT14 7LF**