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Please return completed form to:
Mia O'Malley / Conor Murphy
Merrion Hall
Strand Road
Sandymount
Dublin 4

TRAVEL INSURANCE UNDERWRITING REFERRAL FORM

PLEASE COMPLETE **ALL** QUESTIONS - IF ANY QUESTION IS NOT APPLICABLE PLEASE STATE "N/A". **PLEASE COMPLETE A SEPARATE FORM FOR EACH APPLICANT, USING BLACK INK AND BLOCK CAPITALS,**

YOUR DETAILS			
Name		Date of Birth	
Address			
Contact number			

YOUR TRIP DETAILS	
(Where cover is required for more than one Trip, please provided details of each trip)	
Destination(s)	
Duration of trip	From: _____ To: _____
Hazardous Activities	(any sporting or hazardous activities you will be undertaking)
Have you ever been declined travel cover elsewhere or had special terms imposed? Yes No	

CLAIMS HISTORY	
Have you travelled in the past two years?	Yes No
Have you made any medical or cancellation claims?	Yes No



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YOUR MEDICAL HISTORY		
Please provide details of any existing medical conditions:		
Medical Condition(s)	Date First Suffered	Is it stable/well controlled
1.		
2.		
3.		
Have you been prescribed medication or had a previous prescription repeated within the last 12 months, for any condition not detailed above?		Yes No
Are you awaiting the results of any medical investigations or tests?		Yes No
Have you been diagnosed with or treated for cancer within the last 5 years?		Yes No
Have you been treated as a hospital in-patient in the past twelve months?		Yes No
Are you receiving or on a waiting list for treatment in a hospital or nursing home?		Yes No
If you have answered YES to any of the above, please provide details:		
Is your doctor able to confirm that you are fit to travel, taking into account the nature of your journey and any activities being undertaken.		Yes No
Are you aware of any reason why any Journey to be covered under the policy, may need to be cancelled or curtailed?.		Yes No

DATA PROTECTION
<p>The information that you have provided is 'sensitive data' as defined by the Data Protection Act 1988 and 2003. Sensitive data includes any information about your physical and mental health. We require your consent before we can process this or any other such sensitive data that you may have already provided us with or may do so in the future.</p> <p>In order to consider your application, this information will be used by ACE European Group Limited and its group companies. It may be held on computer and or in manual files for administration, and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.</p> <p>By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries which do not provide the same level of data protection as in the Republic of Ireland, if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.</p>
<p>I declare that all the information given is to the best of my knowledge and belief, full, true and correct.</p> <p>Completed by; _____ Date: _____</p>