

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?	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:

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 Groupama Personal Accident & Travel Underwriting,
Groupama House 24-26 Minories, London EC3N 1DE Tel (0870) 241 6182 Fax (0207) 264 2864
pa&travel.underwriting@groupama.co.uk**