



ACE Insurance Limited
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 New Zealand

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PRE EXISTING MEDICAL QUESTIONNAIRE

1. Name: Date of Birth:
 Phone No: Weight:
 Address: Height:
 Broker:
2. Where are you travelling to and when are you travelling? (Please supply dates)

3. What are your pre-existing medical condition(s)?

4. How long have you had the condition(s)?

5. Have there been any complications or exacerbations of the condition(s) in the past 6 months? Yes / No
 If Yes - please provide details

6. Are there any planned medical procedures for the condition(s)? Yes / No
 If Yes - please provide details

7. Have you been hospitalised for any pre-existing condition in the last 5 years? Yes / No
 If Yes - Where and for how long? (If more than once please state):

8. Have you had time off work/school and/or been confined to bed in the last 3 months due to your condition(s)? Yes / No
 If Yes - How long were you absent from work/school and/or confined to bed?

9. What medication(s) if any, are you currently taking for the above condition(s) and how often?

10. Who is your Doctor and what is their telephone number?



11. Privacy Consent & Declaration:

Privacy

ACE Insurance Limited ("ACE") collects, uses and retains your personal information only in accordance with the principles in the *Privacy Act 1993*. A copy of our Privacy Statement, which expands upon our privacy obligations and provides further information on your rights to access your personal information held by us is available on our website or by contacting our Privacy Officer on +64 (9) 3771459.

Your personal information will be used by ACE, or any third party that ACE provides the information to, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

Your personal information includes:

- (a) any information provided in relation to your claim;
- (b) any information that is health information or sensitive information;
- (c) any other personal information that you may provide to ACE or its third party contractors;
- (d) any information relating to the insurance policy on your life, including terms and conditions and claims history;
- (e) details of your employment including position, period of employment, remuneration, hours worked and duties performed; and
- (f) any other information relating to your income and solvency.

To process your claim ACE may need to collect your personal information from third parties such as your insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate (the "Parties"). You agree that the Parties may disclose your personal information to ACE.

ACE may disclose your personal information, including health and sensitive information, to third parties, including contractors and contracted service providers engaged by us to deliver our services (such as assessors), other companies in the ACE group, other insurers, our reinsurers, and government agencies (where we are compelled to by law). These third parties may be located outside New Zealand. ACE may also disclose your personal information to witnesses in respect to your claim.

You agree to us using and disclosing your personal information pursuant to ACE's Privacy Statement and this Claim Privacy Consent. In the event of any conflict between the documents, this Claims Privacy Consent shall be determinative. This consent remains valid unless you alter or revoke it by giving written notice to our privacy officer.

If you do not consent to the terms of this Claims Privacy Consent or revoke your consent, ACE may not be able to process or assess your claim.

Declaration

I authorise the disclosure to ACE Insurance Limited or ACE Assistance of my medical history held by any other person or organisation.

Date at this day of 20

Signature Witness Signature

Name Name

Address Address