COLONIAL

RoadUser

HEALTH QUESTIONNAIRE

SECTION 1 DETAILS OF APPLICANT

Full Name _____ Date of Birth (dd/mm/yy)_____

Name of Physician _____ Policy No._____

SECTION 2 HEALTH QUESTIONS

NB: You should inform Colonial of all the facts likely to influence the acceptance and rating of your proposal. If you withhold information, any policy subsequently issued may be declared void. All questions must be answered.

QUESTION		YES	NO	EXPLANATION INCLUDING TREATMENT OR MEDICATION
A.	**VISION**			
1.	Do you suffer from cataracts/glaucoma or have defective vision which is not corrected by glasses?	☐	☐	
2.	Have you had eye surgery within the last five years? If Yes, when?	☐	☐	
3.	Do you require corrective glasses for driving?	☐	☐	
4.	Have you had your eyes examined by an Optometrist in the last 12 months?*	☐	☐	
B.	**HEART**			
1.	Do you suffer from, or have any symptoms of any heart complaints (e.g. Angina)?	☐	☐	
2.	Have you had heart surgery in the last five years? If Yes, when?	☐	☐	
3.	Do you require Nitroglycerin Tablets?	☐	☐	
4.	Do you suffer from Hypertension (high blood pressure)?	☐	☐	
C.	**DIABETES & OTHER AILMENTS**			
1.	Do you suffer from Diabetes?	☐	☐	
2.	Do you require insulin injections or other medication?	☐	☐	

QUESTION		YES	NO	EXPLANATION INCLUDING TREATMENT OR MEDICATION
3.	Do you suffer from any other ailments, disease or infirmity (e.g., Epilepsy, seizures, Alzheimer's)?	☐	☐	
D.	**HEARING**			
1.	Do you suffer from any hearing impairment or disability or require the use of a hearing aid?	☐	☐	
E.	**HOSPITALIZATION**			
1.	Have you been an in-patient during the last 12 months?	☐	☐	
F.	**MEDICATION/OTHER**			
1.	Are you currently receiving any drugs, tablets or medicine other than those noted above?	☐	☐	
2.	Have you had a physical exam in the last 12 months?*	☐	☐	
3.	Were you required to undergo a physical for TCD in the last year? If Yes, please provide a copy.	☐	☐	

***If you have answered No to question A 4 or F 2, we kindly request that you have an exam.**

SECTION 3 DECLARATION

I/We wish to effect an insurance with Colonial Insurance Company Limited. I/We declare that the above statements and particulars are complete and correct, and no material fact has been misrepresented, misstated or withheld. To the best of my/our knowledge, I/we do not suffer from any physical or mental disability which would increase my/our risk of having an accident while driving a motor vehicle. If this form has been completed by anyone else, that person is my/our agent for that purpose and not the agent of Colonial. (If you have not personally completed the answers to these questions, you should check them carefully before signing this declaration.)

Signed _____ Dated _____

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