

MEDICAL REPORT

1. Name: _____

2. Date of Birth: _____

3. Address: _____

History Of:

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| 4. Angina/recent Myocardiac Infarct/Heart problems | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Diabetes Mellitus (Insulin/Non Insulin Dependent) | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Giddiness/Faints | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Epilepsy | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Cerebrovascule Accident or TIA's _____ | | |
| 9. Drugs (If yes please list below) | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Decreased Mental Function _____ | | |

Examination

11. Pulse/Rate Regularity: _____
12. Blood Pressure: _____
13. Vision - without glasses: _____
- with glasses: _____
14. Visual Fields: _____
15. Hearing: _____
16. -Assessment of NECK mobility: _____
17. -Locomotion Disability: _____
18. -Mental State: _____
19. -Reaction Time: _____

Vision:

Visual Acuity of at least 6/10 (ability to read 3 1/2 "(9 cm) letters at 25 yards (23 m) is required to drive.

Adequate field of vision (more than 120 degrees) is essential to drive.

Monocular vision does not disqualify a person from driving provided that the Field of vision in the runaway eye is fine.

20. Please comment on any unfavourable features discovered on examination or history that you consider of importance to assessing the risk relative to the physical/ mental health, mobility, reflexes, sight and hearing.

21. Do you consider the applicant fit to drive. (If no explain):

I certify that I have made a thorough physical examination of the applicant, and the answers given are a true record of the examination.

Medical Doctor's Name

Doctor's Address (Stamp)

Medical doctor's Signature

Date of Examination

DATA PROTECTION

This is an important notice which outlines how we will collect and process your personal data. You should read it before submitting any personal data to us. To read our full Privacy Notice, visit <https://gk-insurance.com/privacy-policy> or you can request a copy from us.

If you have any further queries about how we use your personal data, please feel free to contact us.

I/We _____ acknowledge and confirm that:

1. I/We have read and understood the Privacy Notice provided to me/us and that I /We are duly authorized to sign this form on behalf of the Insured.
2. I/We consent to GKGI collecting and processing my/our personal data herein to fulfil its contractual obligations under the insurance policy, claim management and comply with legal and regulatory requirements.
3. Sensitive personal data particularly in relation to your medical information, claim history and/or criminal history will be collected herein and I/we acknowledge that the said sensitive personal data collected will be subject to further processing in connection with our insurance claim.
4. To verify the answers provided by me/us in this medical report, GKGI will be sharing and/or seeking information from third parties including but not limited to other insurers, claim service providers, finance companies, databases and/or other regulatory or law enforcement bodies.
5. I/We will be conducting business with GKGI electronically which includes but is not limited to receiving updates, sending and receiving all documents, communications, notices and all other correspondence electronically.

MARKETING

We would like to send to you, from time to time, information about our other insurance products and services, exclusive offers, promotions, discounts and new products or services. We may also share your personal data with the other subsidiaries with the GraceKennedy Financial Group or GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or its subsidiaries and any other entity that may become part of the GraceKennedy Group.

Please tick the box(es) below to confirm:

- I/We consent to the sharing of relevant personal data with other companies in the GraceKennedy Financial Group or parent company GraceKennedy Limited (referred to herein as GraceKennedy Group) and/or their subsidiaries and any other entity/ies that may become part of the GraceKennedy Group.
- I/We consent to GKGI or other companies within the GraceKennedy Financial Group and GraceKennedy Group contacting me/us directly regarding any special offers, discounts, new and existing product offerings and bundles that may be of interest to me/us.

I would like to receive that information by (tick all that apply):

- Email Text Message Phone Post

I/We also understand that I/we may withdraw my/our consent in writing at any time and if I/we choose to withdraw my/our consent, my/our benefits with GKGI would not be affected.

- I / We declare that the information given in this form is true and correct to the best of my / our knowledge/belief.
- I / We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Signature:

_____ Date (mm/dd/yyyy): _____

Signature:

_____ Date (mm/dd/yyyy): _____