

# Medical history certificate

(Please ensure this certificate is completed by the GP of the person making the medical claim)

## Details of the patient

Name and address of patient

Age

Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Are you the patient's usual GP?

☐

Yes

☐

No

How long has the patient been with the practice?

Years

Months

Please provide details of any medical history including date(s) of diagnosis

## Declaration

I have referred to the patient's medical records and I declare that the information given is correct and that no details relevant to this case have been omitted.

Name

Qualifications

Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please return this form to your Insurance Broker or [zpc.claims@uk.zurich.com](mailto:zpc.claims@uk.zurich.com)

---

### **Zurich Private Clients**

[www.zurich.co.uk/high-net-worth](http://www.zurich.co.uk/high-net-worth)

### **Zurich Insurance Company Ltd**

A public limited company incorporated in Switzerland. Registered in the Canton of Zurich, No. CHE-105.833.114, registered offices at Mythenquai 2, 8002 Zurich. UK Branch registered in England and Wales no BR000105. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ.

Zurich Insurance Company Ltd is authorised and regulated in Switzerland by the Swiss Financial Market Supervisory Authority FINMA. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Our firm reference number is 959113.

Communications may be monitored or recorded to improve our service and for security and regulatory purposes.

© Copyright – Zurich Insurance Company Ltd 2023. All rights reserved. Reproduction, adaptation or translation without prior written permission is prohibited except as allowed under copyright laws.