

APPLICATION APPROVED
FOR PRE-EXISTING MEDICAL CONDITIONS

ADDITIONAL PREMIUM FOR PRE-EXISTING CONDITION COVER = \$ 7.50 NZD

30/06/2025

Dear **Haruka Miller**

Thank you for submitting your medical information in accordance with your Duty of Disclosure to enable medical assessment (**Our Ref: 1C-NZ-CPN1195730**).

In accordance with information declared regarding your pre-existing conditions, **we are able to offer cover for the following condition (s), provided you pay the additional premium:**

- Diabetes type 2

The conditions declared during the assessment, as well as your answers to the assessment questions, are provided below. Please check you have answered these questions correctly. If any of these answers are not correct, please notify us immediately and we will update your application.

Cover does not extend to include any routine treatment or management of your declared pre-existing medical conditions; for example, blood tests and prescription renewals.

Please note that if you do not purchase the appropriate cover, then we will not pay any claims arising directly or indirectly from, related to or associated with, that pre-existing medical condition(s).

ASSESSMENT DETAILS:

Name: Haruka Miller	Date of Birth: 19/12/1997
Policy: Comprehensive	Destination: France, Germany, Italy, Japan, Netherlands, Vietnam
Departure Date: 02/11/2025	Return Date: 30/11/2025

PRE-ASSESSMENT QUESTIONS:

Below are the questions which were asked prior to assessing specific medical conditions:

Question	Answer
Have you or anyone travelling on this policy been advised by a medical professional not to travel, or been diagnosed with a terminal diagnosis?	No
Are you or anyone traveling on this policy awaiting surgery, treatment, investigation, or procedures for any current or undiagnosed health conditions?	No
Are any travellers on this policy travelling to seek advice, treatment or receive (either routine or cosmetic) medical or dental treatment or surgery, or participate in a clinical trial?	No

DECLARED CONDITIONS:

Below are the pre-existing medical conditions which you declared during the medical assessment, along with the answers provided to the condition-specific questions.

Condition Questions	Answer
Diabetes type 2	
How old is the person with this condition?	• Over 16
Do you take insulin for your diabetes?	• No
How many unplanned hospital admissions have you had for diabetes in the last 2 years?	• 0
Have you ever been a smoker?	• No
Do you have (or have you had) any of the following medical conditions?	Answers • No - none of the above None of these • Amputation of leg, foot, toe or finger • Angina and/or heart attack and/or narrowed arteries of the heart • Impairment of kidney function • Leg or foot ulcers • Peripheral neuropathy (nerve damage) • Peripheral vascular disease (causes poor blood supply to legs) • Retinopathy (retinal eye damage) • Stroke and/or TIA (mini-stroke)
Have you been advised to take medication for high blood pressure?	• No
Have you been advised to take medication to lower your cholesterol?	• No

IMPORTANT INFORMATION

You have a **Duty of Disclosure** which means you must advise us of any changes to any of your declared information provided including any changes to your proposed journey. Any changes to the information declared will invalidate this Letter of Offer. If you require any changes, please contact us and we may request that you complete a new Medical Assessment.

It is important to note that if you apply to make any amendments to your policy, including changes to travel dates or upgrades, coverage cannot be extended for any declared pre-existing medical conditions beyond the original coverage terms.

Thank you for considering 1Cover for your travel insurance. It's a pleasure to assist, so if you have any questions or require further information, please contact us at info@1cover.co.nz. Further information is also available on our website www.1cover.co.nz.

YOURS FAITHFULLY

1COVER TRAVEL INSURANCE