LIVING ASSURANCE / EPCC CLAIM
DOCTOR'S STATEMENT

Great Eastern
Life is Great
A member of the OCBC Group

DOCTOR'S STATEMENT FOR:
ALZHEIMER'S DISEASE / SEVERE DEMENTIA

Please attach copies of the following (if applicable):

1. Cognitive testing results
2. All relevant hospital / operation reports, laboratory and test results

* Please delete where appropriate

For Official Use

GELS –

OACS –

Name of Life Assured:

NRIC/ Passport No.: Date of Birth (dd/mm/yyyy): Gender: M / F *

1. Are you the Life Assured's usual medical doctor? YES / NO*

   If "YES", since what date? Day Month Year

2. (a) Date when Life Assured first consulted you for Alzheimer's Disease / Severe Dementia: Day Month Year

   (b) Please state symptoms presented and date symptoms first appeared.

Symptoms	Duration of Symptoms	Date Symptoms First Started (DD/MM/YYYY)

   (c) What is the source of the above information? Patient / Referring Doctor / Others*

   If "Referring Doctor / Others", please specify name & address:

Name	Address

   (d) Date when Alzheimer's Disease / Severe Dementia was FIRST diagnosed: Day Month Year

   (e) Diagnosis was first made by (name of Doctor): _____

   (f) Actual Diagnosis : _____

_____ Date

_____ Signature of Doctor

Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

(g) Date when Life Assured first became aware of the condition:

Day		Month		Year			

(h) What are the types of investigation done which confirmed the above diagonsis?
Please enclose all relevant laboratory reports.

3. Was the illness suffered by Life Assured caused directlyt or indirectly by alcohol or drug abuse? YES / NO*
If "YES", please give details.

4. Is there evidence of deterioration of intellectual capacity or abnormal behaviour resulting in significant reduction in mental and social functioning and requiring the continuous supervision of the Life Assured? YES / NO*
If "YES", please describe findings.

5. Did deterioration or loss of intellectual capacity or abnormal behaviour arise from neurosis and/or psychiatric illnesses? YES / NO*
If "YES", please provide details.

6. Has the Life Assured previously suffered from any neurosis or any other psychiatric order? YES / NO*
If "YES", please give dates of consultations, the resulting diagnosis and the name and the address of the attending doctor and source of information.

Resulting Diagonsis	Diagnosis Date (DD/MM/YYYY)	Dates of Consultations	Name and Address of Doctor who treated Life Assured

Date

Signature of Doctor

Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

7. Is the patient's brain damage a result of alcohol abuse? YES / NO*

If "YES", please state the details.

_____

_____

8. (a) Has the Life Assured previously suffered from the condition specified above or any possible related illnesses or condition, however minor in nature, which caused the deterioration or loss of intellectual capacity? YES / NO*

If "YES", please give full details including date of diagnosis. diagnosis and address of doctor who made this diagnosis and source of information.

Diagnosis	Diagnosis Date (DD/MM/YYYY)	Name and Address of Doctor who treated Life Assured

(b) Was there any cognitive testing done (e.g. Mini-mental state examination, MMSE)? YES / NO*

If "YES", please provide details.

_____

_____

(c) Was MMSE less than 20 out of 30? YES / NO*

If "YES", please state the results.

_____

_____

9. Was there any memory impairment in the following cognitive areas? YES / NO*

If "YES", please tick the box and state the exact dates:-

	Date of Onset (Day / Month / Year)
☐ Aphasia	Day Month Year
☐ Aproxia	Day Month Year
☐ Agnosia	Day Month Year
☐ Disturbance in executive functioning	Day Month Year

_____ _____

Date Signature of Doctor

Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

10. Please provide date of last assessment:

Day		Month		Year			

11. Was there evidence of cognitive impairment for at least 6 months? YES / NO*

If "YES", please state:-

(a) Type of Cognitive Impairments

_____

_____

(b) How long have the Cognitive Impairments lasted?

_____

_____

12. (a) Please describe the Life Assured's mental and cognitive abiliites.

_____

_____

(b) Is the Life Assured mentally incapacitated in accordance to the Mental Capacity Act (Chapter 177A of Singapore)? YES / NO*

13. Does the Life Assured have any other medical conditions? YES / NO*

If"YES", please state the medical condition, date of diagnosis and name & address of treating doctor.

Medical Conditions	Diagnosis Date (DD/MM/YYYY)	Name and Address of Doctor who treated Life Assured

14. Does the Life Assured have any family history? YES / NO*

If "YES", please provide details including relationship to the Life Assured, nature of condition and age of onset.

Relationship to the Life Assured	Nature of Condition	Age of Onset

_____ _____

Date Signature of Doctor

Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

15. Please give details of the Life Assured's habit in relation to cigarette smoking, including the duration of smoking habit, number of cigarettes smoked per day and source of information.

16. Please give details of the Life Assured's habit in relation to alcohol consumption including the amount of alcohol consumption per day and source of information.

17. Please provide any other information which may be of assistance to us in assessing this claim.

Date

Signature & Official Stamp of Doctor

Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

Jan 2015