LIVING ASSURANCE / EPCC CLAIM
DOCTOR'S STATEMENT

Great Eastern
Life is Great
A member of the OCBC Group

DOCTOR'S STATEMENT FOR:
MAJOR BURNS

Please attach copies of the following (if applicable):

1. 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: 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 of diagnosis of Major Burns: Day Month Year

Date

Signature of Doctor

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
The Overseas Assurance Corporation Limited (Reg No. 1920 00011W)
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

CCLM
CCLMDOCLAP

Jan 2015

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

_____

_____

3. Please let us know the following:-

(a) Cause of the Burns

_____

_____

(b) If it is due to an accident, please state in details the date and time of accident, how accident occurred.

_____

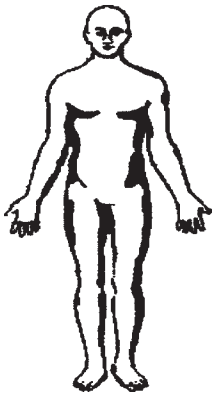
_____

_____

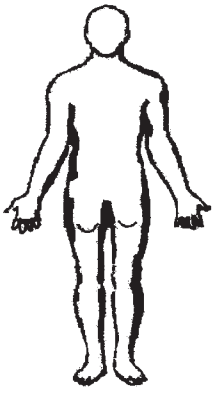
_____

4. (a) Please circle (in blue) in the diagram showing the areas affected by burns.

FRONT



BACK



_____ _____

Date Signature of Doctor

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(b) Please state the areas affected, the percentage of surface area and the degree of the burns in each affected area:

Area Affected	Percentage of Surface Area	Degree of Burn

5. (a) Were there second degree burns (partial thickness of the skin) covering at least 20% of the surface of the Life Assured's body?

YES / NO*

(b) Were there third degree burns (full thickness burns) covering at least 20% of the surface of the Life Assured's body?

YES / NO*

(c) Were there third degree burns (full thickness of skin) covering at least 50% of the surface of the Life Assured's body?

YES / NO*

(d) Were there third degree burns (full thickness of skin) covering the entire face of the Life Assured? YES / NO*

(e) Has the Life Assured undergone any skin grafts to repair damaged skin? YES / NO*

6. (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*

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

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

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

_____ _____

Date Signature of Doctor

8. 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

9. 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.

10. 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.

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

Date

Signature & Official Stamp of Doctor

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