

## For Official Use

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NRIC/ Passport No.:		Date of Birth (dd/mm/yyyy):		Gender: M / F *
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If "YES", since what date?

Day	Month	Year

2. (a) Date when Life Assured first consulted you for Aplastic Anaemia:

Symptoms Presented at First Consultation	Date Symptoms First Started (DD/MM/YYYY)

What is the source of this information? Patient / Referring Doctor / Others\*

If "Others", please specify:

(c) Please provide full and exact diagnosis of the Life Assured's condition.

(d) Date when illness / condition was FIRST diagnosed: 

Day	Month	Year

(e) Diagnosis was first made by (name of doctor):

	Day	Month	Year
(f) Date when Life Assured first became aware of the illness / condition:			

Signature of Doctor



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3. (a) Please state the likely cause of this illness / condition, if known.

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(b) Is this condition in any way attributable to HIV infection or AIDS? YES / NO\*  
If "YES", please provide details.

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(c) Please provide full details of tests and results which have been performed to establish the diagnosis of Aplastic Anaemia.

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4. (d) (i) Was there anaemia? YES / NO\*  
(ii) Was there neutropenia? YES / NO\*  
(iii) Was there thrombocytopenia? YES / NO\*  
Please attach laboratory results in support of the above.

5. Has Life Assured received any of the following treatment?

(a) blood product transfusions YES / NO\*  
(b) marrow stimulating agents YES / NO\*  
(c) immunosuppressive agents YES / NO\*  
(d) bone marrow transplantation YES / NO\*

6. Please provide details of treatment administered.

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7. Has the Life Assured previously suffered from this or any related illness / condition? YES / NO\*  
If "YES", please state dates of consultations, resulting diagnosis, the name and address of doctor who made this diagnosis and source of information.

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Date

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)  
Claims Department  
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659

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Signature of Doctor



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8. (a) Is there anything in the Life Assured's habits or personal medical history which would have increased the risk of Aplastic Anaemia? YES / NO\*  
If "YES", please give full details including the date of diagnosis and source of information.

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- (b) Is the Life Assured suffering or has suffered from any other significant illness? YES / NO\*  
If "YES", please state illness, date of first diagnosis and name and address of attending doctor.

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9. (a) Please describe the Life Assured's mental and cognitive abilities.

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- (b) Is the Life Assured mentally capable of receiving or handling financial matter within the meaning of Section 4 of the Mental Capacity Act 2008\*\* and able to make decisions for himself / herself? YES / NO\*  
If "NO",  
Please provide the date (DD/MM/YYYY) that Life Assured is certified to be lacking capacity as defined above.

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- (c) Please state if the lack of mental capacity is permanent or temporary.

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\*\*A person lacks capacity in relation to a matter if at the material time he is unable to make a decision for himself in relation to the matter because of an impairment of, or a disturbance in the functioning of, the mind or brain. A person is unable to make a decision for himself if he is unable:

- (1) to understand the information relevant to the decision;
- (2) to retain that information;
- (3) to use or weigh that information as part of the process of making the decision; or
- (4) to communicate his decision (whether by talking, using sign language or any other means).

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10. (a) Did the Life Assured consult other doctors for this illness or its symptoms BEFORE he / she consulted you? YES / NO\*  
If "YES", please give name(s) and address(es) of the doctor(s) whom he / she consulted.

Name of Doctor	Name of Clinic / Hospital and Address

(b) Please provide the names and addresses of any hospital or clinic to which the Life Assured was referred to and the names of the consultants attended.

11. Please state and attach copies of all relevant hospital reports, laboratory and tests results.

12. Please provide us with any other additional information that will enable the Company to assess this claim.

Date

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Signature & Official Stamp of Doctor

