

Please attach copies of the following (if applicable):

- * Please delete where appropriate

For Official Use

[illegible]

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 HIV:

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) Please provide exact diagnosis.

- (e) Date when illness was FIRST diagnosed:

Day		Month		Year			

- (f) Diagnosis was first made by (name of doctor):

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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Aug 2025

Signature of Doctor



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(g) How was the diagnosis made?

(h) Please provide the dates of HIV or antibody test performed and the results of these tests.

Date of Tests (DD/MM/YYYY)	Type of Test	Results of Tests

(i) Date when Life Assured first became aware of the diagnosis:

Day	Month	Year

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

4. What was the exact cause for HIV?

5. (a) If due to sexual assault, was there any Police report made? YES / NO*

(b) Date of sexual assault:

Day	Month	Year

- (c) Was there a HIV antibody test conducted within 5 days of assault? YES / NO*
If "YES", please provide full details, results of tests and copies of tests.

- (d) If due to other means e.g. sexual activity, the use of intravenous drugs, please state the exact cause and provide the details.

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6. Date on which Life Assured was first diagnosed HIV positive:

Day	Month	Year

7. Was the hospital able to ascertain that the assault involved a definite cause of the HIV tainted fluids?
If "YES", please provide full details, results of tests and enclose copies of tests.

YES / NO*

8. Was there sero-conversion from HIV negative to HIV positive within 180 days of the assault?
If "YES", please provide full details.

YES / NO*

9. Has a cure for HIV / AIDS become available prior to the time the Life Assured was being infected?
If "YES", please provide full details.

YES / NO*

10. Is the Life Assured at greater risk of HIV infection due to any aspect of his / her lifestyle,
e.g. drug use, sexual orientation? If "YES", please provide full details.

YES / NO*

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

(b) Is the Life Assured mentally capable of receiving or handling financial matter within the meaning
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.

**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).

12. 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

13. 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

14. 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.

15. 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.

16. 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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