

For Official Use

[illegible]

NRIC/ Passport No.:

 Date of Birth (dd/mm/yyyy):

 Gender: M / F *

2. What were the symptoms that the Life Assured complained and for how long had she been experiencing these symptoms?

3. Is the condition for which the Life Assured is being treated in any way connected to the following?
(Please tick appropriate box)

- | | |
|--|---|
| <input type="checkbox"/> Carcinoma in situ of the breast | <input type="checkbox"/> Down's syndrome |
| <input type="checkbox"/> Carcinoma in situ of the cervix uteri | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> SLE with lupus nephritis | <input type="checkbox"/> Tetralogy of Fallot |
| <input type="checkbox"/> Hysterectomy required as a result of cancer | <input type="checkbox"/> Transposition of the Great Vessels |
| <input type="checkbox"/> Ectopic Pregnancy | <input type="checkbox"/> Disseminated Intravascular coagulation |
| <input type="checkbox"/> Reconstructive surgery of facial disfigurement due to accident or assault | |

Note:

- i. In the case of female cancer, carcinoma in situ or systemic lupus erythematosus, please describe in full detail and please include evidence which led to the diagnosis being made (e.g. histopathological reports)
- ii. Should the claim involve a congenital anomaly, please attach supporting evidence regarding diagnosis of such (e.g. X-rays, echocardiogram)

Signature of Doctor



4. Please provide full and exact details of the diagnosis and its clinical basis.

5. On which date was the diagnosis made?

Day	Month	Year

6. Please provide the name and address of the doctor:

(a) who had referred the Life Assured to you.

(b) to whom you had referred this Life Assured.

7. Has the Life Assured previously suffered from similar illness or any related condition?

YES / NO*

If "YES", please provide details including date(s) of diagnosis, treatment and doctor(s) consulted.

8. Is the Life Assured suffering from any chronic sickness or disease?

YES / NO*

If "YES", what is he/she suffering from and for how long?

9. Are you aware of anything in the Life Assured's previous history that is likely to have contributed to her present condition?

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

Date

Signature & Official Stamp of Doctor