



3. (a) Please provide the full and exact details of the diagnosis.

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(b) Date when illness was FIRST diagnosed:

Day	Month	Year

(c) Diagnosis was first made by (name of doctor): \_\_\_\_\_

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

Day	Month	Year

(e) Date when the Life Assured's PARENT first became aware of the condition:

Day	Month	Year

4. (a) What was the site or organ involved and the precise histology of the tumour?

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(b) What is the staging of the tumour? Please provide full details using appropriate staging classification (e.g. TMN classification etc).

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- (i) Was the disease completely localised? YES / NO\*
- (ii) Was there invasion of adjacent tissues? YES / NO\*
- (iii) Were regional lymph nodes involved? YES / NO\*
- (iv) Were there distant metastases? YES / NO\*

(c) Please provide full details of all treatment provided (e.g. surgery, chemotherapy, radiotherapy etc).

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(d) If the diagnosis is leukaemia, please provide details of the actual type

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(e) If the diagnosis is malignant melanoma, please give full details of size, thickness (Breslow classification) and/or depth of invasion (Clark level).

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

(f) Is the diagnosis related to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? YES / NO\*

Day	Month	Year

If "YES", please provide the date of diagnosis for HIV / AIDS.

5. (a) Has the Life Assured previously suffered from any malignant or other related illness? YES / NO\*

If "YES", please give dates of consultations, the resulting diagnosis and the name and address of the attending doctor.

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(b) Is there anything in the Life Assured's personal medical history which would have increased the risk of Cancer? YES / NO\*

If "YES", please give full details including the date of diagnosis, name and address of attending doctor and source of information.

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(c) Is there anything in the Life Assured's family history which would have increased the risk of Cancer? YES / NO\*

If "YES", please give full details including the relationship, nature of illness, date of diagnosis and source of information.

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6. Please state and attach copies of all histological, biopsy and other relevant hospital reports, laboratory and tests results.

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7. Please provide details of all investigations performed and treatment prescribed. Please attach a copy of the laboratory/investigation results.

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8. Has the Life Assured previously suffered from the condition specified above or any related illness? YES / NO\*

If "YES", please give details including dates of consultations and the resulting diagnosis.

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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

9. 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

10. Please provide dates and results of all HIV and antibody tests done. Please also attach copies of all relevant laboratory reports.

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11. Does the Life Assured have any personal history of any other major medical or psychiatric condition? YES / NO\*  
 If "YES", please give details including nature of condition, date of onset, treatment received and current status of the condition.

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12. Does the Life Assured have any family history of any major medical condition? YES / NO\*  
 If "YES", please provide details including relationship to the Life Assured, nature of condition and age of onset.

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

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\_\_\_\_\_  
 Date

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 Signature & Official Stamp of Doctor