

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