## LIFE WOMAN ENHANCED BENEFITS CLAIM DOCTOR'S STATEMENT



* Please delete where appropriate	For Official Use		
	G E L S -		
	O A C S -		
Name of Life Assured:			
NRIC/ Passport No.: Date of Birth (dd/m	nm/yyyy): Gender: M / F		
When were you first consulted for this illness, and in your opinion, how long had	I the symptoms been present?		
2. What were the symptoms that the Life Assured complained and for how long ha	d she been experiencing these symptoms?		
<ol> <li>Is the condition for which the Life Assured is being treated in any way connected (Please tick appropriate box)</li> </ol>	d to the following?		
Carcinoma in situ of the breast	Down's syndrome		
Carcinoma in situ of the cervix uteri	Spina bifida		
SLE with lupus nephritis	Tetralogy of Fallot		
Hysterectomy required as a result of cancer	Transposition of the Great Vessels		
Ectopic Pregnancy	Disseminated Intravascular coagulation		
Reconstructive surgery of facial disfigurement due to accident or assault			
Note:			
i. In the case of female cancer, carcinoma in situ or systemic lupus eryther include evidence which led to the diagnosis being made (e.g. histopathological contents).			
ii. Should the claim involve a congenital anomaly, please attach supporting echocardiogram)	evidence regarding diagnosis of such (e.g. X-rays,		
 Date	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?		
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?  If "YES", please provide details including date(s) of diagnosis, treatment and doctor(s)		ES / NO*
8.	Is the Life Assured suffering from any chronic sickness or disease?  If "YES", what is he/she suffering from and for how long?	Yl	ES / NO*
9.	Are you aware of anything in the Life Assured's previous history that is likely to have contained in the Life Assured's previous history that is likely to have contained in the Life Assured's previous history that is likely to have contained in the Life Assured's previous history that is likely to have contained in the Life Assured's previous history that is likely to have contained in the Life Assured's previous history that is likely to have contained in the Life Assured in the L	ontributed to her present condition?	
10.	Please provide any other information which may be of assistance to us in assessing the	is claim.	
	Date	Signature & Official Stamp of Do	ctor