ACCIDENT CLAIM
DOCTOR'S STATEMENT

Great Eastern
Life is Great
A member of the OCBC Group

* 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/mm/yyyy):

Gender: M / F *

1. Date of Accident: Day Month Year

Date of first consultation for this current condition: Day Month Year

Date(s) of subsequent consultation(s):

If the Life Assured had consulted another doctor before consulting you, please give name and address of that doctor.

2. (a) Detailed description of the injuries.

(b) Please state the diagnosis:

(c) Detailed description of the accident.

(d) Were the injuries the result of the accident described above? YES / NO*

(e) (i) Were there any underlying illnesses/ conditions that attributed to the accident? YES / NO*

If "YES", please provide full details of condition (including the type of condition, the date of onset, the extent of physical/ mental infirmity) and describe how it attributed to the accident.

(ii) What was the proximate cause of the injuries/ disabilities?

Date

Signature of Doctor

The Great Eastern Life Assurance Company Limited (Reg. No. 1908 00011G)
The Overseas Assurance Corporation Limited (Reg No. 1920 00011W)
Claims Department
1 Pickering Street #13-01 Great Eastern Centre Singapore 048659
Tel: 1800-248 2888 (Local), (65) 6248 2888 (Overseas)
Email: LifePAClaims-SG@greateasternlife.com Website: greateasternlife.com

(f) Was the Life Assured under the influence of alcohol/ drugs at the time of the accident? YES / NO*

If "YES", please state blood alcohol content/ drug type and quality consumed: _____

(g) Did the injuries result from a self-inflicted act? YES / NO*
If "YES", please give full description.

_____

_____

3. (a) What is the Life Assured's occupation and nature of work?

_____

_____

(b) Please state the period of Total Disability

(i) Period of *Total Disability: From: Day Month Year To: Day Month Year
*Total Disability refers to disability which prevents the Life Assured from performing each and every duty of his occupation.

(ii) Were medical certificates issued for the above stated period? YES / NO*

If "NO", please provide reasons: _____

_____

(iii) How and to what extent does the Life Assured's total disability prevent him/ her from performing all duties of his/ her occupation as stated above?

_____

_____

(iv) If the Life Assured is still totally disabled, how long is the total disability expected to last?

_____

(c) Please state the period of Partial Disability

(i) Period of **Partial Disability: From: Day Month Year To: Day Month Year
**Partially Disability refers to disability which prevent the Life Assured from performing one or more duty of his occupation.

_____ _____

Date Signature of Doctor

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(ii) Were medical certificates issued for the above stated period? YES / NO*

If "NO", please provide reasons: _____

_____

(iii) What are some of the duties and to what extent of the Life Assured's occupation that he/ she is unable to perform as a result of his/ her partial disabilities?

_____

_____

(iv) If the Life Assured is still partially disabled, how long is the partial disability expected to last?

_____

(d) If Life Assured had been hospitalised or had undergone surgery, please state:

(i) Date admitted: Day | Month | Year

(ii) Date discharged: Day | Month | Year

(iii) Name of Hospital: _____

(iv) Nature of Surgical Procedure: _____

_____

(v) Date of Surgical Procedure: Day | Month | Year

(vi) Is further surgery likely to be required? YES / NO*

If "YES", please specify tentative date of surgery: Day | Month | Year

4. (a) Was the Life Assured suffering from any illness/ infirmity which was likely to protract the period of disability? YES / NO*

If "YES", please give details:

(i) Date of first diagnosis: Day | Month | Year

(ii) Diagnosis: _____

(iii) Name and address of doctor who made diagnosis:

_____

(iv) How it protracts the period of disability:

_____

_____

(b) What would be the usual recovery time if the Life Assured did not have the illness/ infirmity?

_____

_____

_____ _____

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5. Did the Life Assured suffer any fractures, dislocations or burns? YES / NO*

If "YES", please tick where applicable.

(i) Fractures of hip or pelvis (excluding thigh or coccyx)

☐ Multiple fractures, at least one compound and at least one complete ☐ All other compound fractures

☐ Mulitple fractures, at least one complete ☐ Others fractures

(ii) Fractures of thigh or heel

☐ Multiple fractures, at least one compound and at least one complete ☐ All other compound fractures

☐ Multiple fractures, at least one complete ☐ Other fractures

(iii) Fractures of lower leg, skull, claride, ankle, elbows, upper or lower arm (including wrists but excluding collen-type fractures)

☐ Multiple fractures, at least one compound and at least one complete ☐ All other compound fractures

☐ Depressed fracture of the skull needing surgical intervention ☐ Other fractures

☐ Multiple fractures, at least one complete

(iv) Fractures of collen-type fracture of the lower arm

☐ Compound fracture ☐ Other fractures

(v) Fractures of shoulder blade, knee cap, sternum, hand (excluding fingers and wrists), foot (excluding toes or heel)

☐ All compound fractures ☐ Other fractures

(vi) Fractures of spinal column (vertebrae but excluding coccyx)

☐ All compressions fractures ☐ All spinous, transvere process of pedicle fractures

☐ Fracture leading to permanent neurological damage ☐ Other vertebrae fractures

(vii) Fractures of lower jaw

☐ Multiple fractures, at least one compound and at least one complete ☐ All other compound fractures

☐ Multiple fractures, at least one complete ☐ Other fractures

(viii) Fractures of rib or ribs, cheek bone, coccyx, upper jaw, nose, toe or toes, finger or fingers

☐ Multiple fractures, at least one compound and at least one complete ☐ All other compound fractures

☐ Multiple fractures, at least one complete ☐ Other fractures

_____ _____

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(ix) Burns: 2nd or 3rd degree burns on

☐ at least 27% of body surface ☐ at least 18% of body surface

☐ at least 9% of body surface ☐ at least 4.5% of body surface

(x) Dislocations requiring surgery under anaesthesia

☐ Spine or back, diagnosed by X-ray (excluding slipped disc) ☐ Hip

☐ Knee ☐ Wrist or elbow

☐ Ankle, shoulder blade or collarbone ☐ Fingers, toes or jaw

☐ Internal injuries resulting in open abdominal or thoracic surgery (excluding hernia)

6. Has the Life Assured been admitted to any hospital before, either for the same or different cause? YES / NO*
If "YES", please state.

Period(s) of Hospitalisation	Diagnosis	Hospital	Name(s) of Attending Doctor(s)

7. Please provide us with any other additional information that will enable the Company to assess this claim.

Date

Signature & Official Stamp of Doctor

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