

 **Great Eastern**
Life is Great
A member of the OCBC Group

* Please delete where appropriate

G	E	L	S	-							
O	A	C	S	-							

Day		Month		Year			

Signature of Doctor

- (e) Was the illness suffered by Life Assured caused directly or indirectly by alcohol or drug abuse?
If "YES", please give details.

YES / NO*

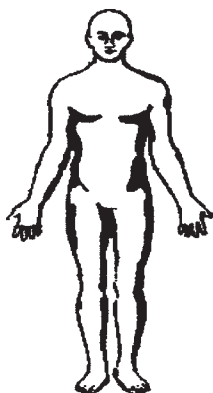
3. Please let us know the following:-

- (a) Cause of the Burns

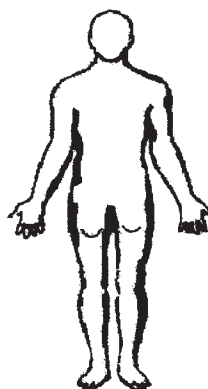
- (b) If it is due to an accident, please state in details the date and time of accident, how accident occurred.

4. (a) Please circle (in blue) in the diagram showing the areas affected by burns.

FRONT



BACK



Date

Signature of Doctor

(b) Please state the areas affected, the percentage of surface area and the degree of the burns in each affected area:

Area Affected	Percentage of Surface Area	Degree of Burn

5. (a) Were there second degree burns (partial thickness of the skin) covering at least 20% of the surface of the Life Assured's body? YES / NO*
- (b) Were there third degree burns (full thickness burns) covering at least 20% of the surface of the Life Assured's body? YES / NO*
- (c) Were there third degree burns (full thickness of skin) covering at least 50% of the surface of the Life Assured's body? YES / NO*
- (d) Were there third degree burns (full thickness of skin) covering the entire face of the Life Assured? YES / NO*
- (e) Has the Life Assured undergone any skin grafts to repair damaged skin? YES / NO*

6. (a) Please describe the Life Assured's mental and cognitive abilities.

- (b) Is the Life Assured mentally incapacitated in accordance to the Mental Capacity Act (Chapter 177A of Singapore)? YES / NO*

7. Does the Life Assured have any other medical conditions? YES / NO*

If "YES", please state medical condition, date of diagnosis, name and address of treating doctor.

Medical Conditions	Diagnosis Date (DD/MM/YYYY)	Name and Address of Doctor who treated Life Assured

Date

Signature of Doctor

8. Does the Life Assured have any family history?

YES / NO*

If "YES", please provide details including relationship to the Life Assured, nature of condition and age of onset.

Relationship to the Life Assured	Nature of Condition	Age of Onset

9. Please give details of the Life Assured's habit in relation to cigarette smoking, including the duration of smoking habit, number of cigarettes smoked per day and source of information.

10. Please give details of the Life Assured's habit in relation to alcohol consumption including the amount of alcohol consumption per day and source of information.

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

Date

Signature & Official Stamp of Doctor