LIVING ASSURANCE / EPCC CLAIM **DOCTOR'S STATEMENT**



DOCTOR'S STATEMENT FOR: MAJOR BURNS	For Official Use	
Please attach copies of the following (if applicable):	G E L S -	
All relevant hospital / operation reports, laborator		
* Please delete where appropriate	O A C S -	
- I loade dolete where appropriate		
Name of Life Assured:		
NRIC/ Passport No.:	Date of Birth (dd/m	nm/yyyy): Gender: M / F
Are you the Life Assured's usual medical	doctor?	YES / NO*
If "YES", since what date?	th Year	
(a) Date when Life Assured first consult	Day Month Year ted you:	
(b) Please state symptoms presented a	nd date symptoms first appeared.	
Symptoms	Duration of Symptoms	Date Symptoms First Started (DD/MM/YYYY)
(c) What is the source of the above info	ormation?	Patient / Referring Doctor / Others*
If "Referring Doctor / Others", please		
Name		Address
(d) Date of diagnosis of Major Burns:	Day Month Year	
Date		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.	Plea	ase 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.	
1.	(a)	Please circle (in blue) in the diagram showing the areas affected by burns. FRONT BACK	
		FRONT BACK	

Signature of Doctor

Date

		Area Affected		Perce	ntage of Surface Area	Degree of Bur	n	
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 (t	ull thicknes	s of skin) cover	ng the entire face of the Life A	ssured?	YES / NO	
							\/=0 (NO	
	(e)	Has the Life Assured undergone	any skin g	rafts to repair da	amaged skin?		YES / NO	
6.	(a)	Please describe the Life Assured's mental and cognitive abiliites.						
	(b)	Is the Life Assured mentally inca	pacitated ir	accordance to	the Mental Capacity Act (Chap	eter 177A of Singapore)?	YES / NO*	
7.	Doe	es the Life Assured have any other medical conditions? YES / NC						
		YES", please state medical condition, date of diagnosis, name and address of treating doctor.						
		Medical Conditions	Dia	gnosis Date	Name and Address of D	octor who treated Life Ass	ured	
			(טט	ĬMM/YYYY)				
			I					
		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:

Signature & Official Stamp of Doctor

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

	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 and source of information	e Life Assured's habit in relation to alcohol consumption including the amount of alcoho n.	I consumption per day			
11.	Please provide any other	r information which may be of assistance to us in assessing this claim.				
	-					

Date