JUNIOR LIVING ASSURANCE / MAXCARE JUNIOR CLAIM
DOCTOR'S STATEMENT

Great Eastern
Life is Great
A member of the OCBC Group

DOCTOR'S STATEMENT FOR:
SEVERE EPILEPSY

* Please delete where appropriate

For Official Use

GELS – _____

OACS – _____

Name of Life Assured: _____

NRIC/ Passport No.: _____ Date of Birth (dd/mm/yyyy): _____ Gender: M / F *

1. (a) Are you the Life Assured's usual medical doctor? YES / NO*

(b) If "YES", since what date? Day Month Year

(c) Over what period do your records extend? From Day Month Year to Day Month Year

(d) If you are not the Life Assured's usual medical doctor, please provide the name, address and qualification of the Life Assured's usual medical doctor.

_____

_____

2. (a) Date when Life Assured consulted you for this illness: Day Month Year

(b) Please state symptoms presented and date symptoms first appeared.

Symptoms Presented at First Consultation	Date Symptoms First Started (D/M/Y)

What is the source of this information? Patient / Referring Doctor / Others*

If "Others", please specify: _____

(c) Diagnosis: _____

_____

_____ _____

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: claims-sg@greateasternlife.com Website: greateasternlife.com

CCLM
CCLMDOCJLA

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3. (a) Please provide the full and exact details of the diagnosis.

_____

_____

(b) Date when illness was FIRST diagnosed: Day | Month | Year

(c) Diagnosis was first made by (name of doctor): _____

(d) Date when the Life Assured first became aware of the condition: Day | Month | Year

(e) Date when the Life Assured's PARENT first became aware of the condition: Day | Month | Year

4. Has Life Assured experience recurrent unprovoked tonic-clonic or grand mal seizures due to a disorder of the brain? YES / NO*

If "YES", please provide the date. Day | Month | Year

5. Has Life Assured undergone neuro surgery for treatment of epileptic seizures? YES / NO*

If "YES", please provide the date. Day | Month | Year

6. Is the epilepsy due to febrile seizures alone? YES / NO*

7. Is the epilepsy due to absence (petit mal) seizures alone? YES / NO*

8. Is the Life Assured taking prescribed anti-epilepsy (anti-convulsant) medication? YES / NO*

If "YES", please state the period the Life Assured has been taking prescribed anti-epilepsy (anti-convulsant) medication.

From Day | Month | Year to Day | Month | Year

9. Please provide details of all investigations performed including electroencephalography (EEG), Magnetic Resonance Imaging (MRI) and Positron Emission Tomography (PET) and treatment prescribed. Please attach a copy of the laborarotry/investigation results.

_____

_____

_____

_____ _____

Date Signature of Doctor

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10. Has the Life Assured previously suffered from the condition specified above or any related illness? YES / NO*
If "YES", please give details including dates of consultations and the resulting diagnosis.

11. Did the Life Assured consult other doctors for this illness or its symptoms BEFORE he / she consulted you? YES / NO*
If "YES", please give name(s) and address(es) of the doctor(s) whom he / she consulted.

Name of Doctor	Name of Clinic / Hospital and Address

12. Please provide dates and results of all HIV and antibody tests done. Please also attach copies of all relevant laboratory reports.

13. Does the Life Assured have any personal history of any other major medical or psychiatric condition? YES / NO*
If "YES", please give details including nature of condition, date of onset, treatment received and current status of the condition.

14. Does the Life Assured have any family history of any major medical condition? YES / NO*
If "YES", please provide details including relationship to the Life Assured, nature of condition and age of onset.

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

Date

Signature and Official Stamp of Doctor

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