

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. (a) Is there widespread joint destruction?

(b) Where and how did the accident or injury occur?

(c) Were there any reasons to indicate that there were contributory factors leading to the accident or injury (eg. Under the influence of drugs, self-inflicted injury etc.)?

5. Please provide details of all investigations performed and treatment prescribed. Please attach a copy of the laboratory / investigation results.

6. (a) Please give details of any resulting neurological impairments.

Date

Signature of Doctor

(b) What is the extent of the Life Assured's expected recovery from these impairments?

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

7. (a) Please give details of any loss of intellectual capacity.

(b) What is the extent of the Life Assured expected recovery from this intellectual loss?

(c) Is the intellectual loss permanent? Please elaborate.

(d) Please provide details of any tests done to assess intellectual capacity eg. IQ or Denver Development Screening Tests.

8. Please provide details of all investigations performed and treatment prescribed. Please attach a copy of the laboratory / investigation results.

9. 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.

Date

Signature of Doctor

10. 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

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

12. 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.

13. 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.

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

 Date

 Signature & Official Stamp of Doctor