

3. (a) Please state the likely cause of this illness / condition, if known.

(b) Is this condition in any way attributable to HIV infection or AIDS? YES / NO*
If "YES", please provide details.

(c) Please provide full details of tests and results which have been performed to establish the diagnosis of Aplastic Anaemia.

4. (d) (i) Was there anaemia? YES / NO*
(ii) Was there neutropenia? YES / NO*
(iii) Was there thrombocytopenia? YES / NO*

Please attach laboratory results in support of the above.

5. Has Life Assured received any of the following treatment?

(a) blood product transfusions YES / NO*
(b) marrow stimulating agents YES / NO*
(c) immunosuppressive agents YES / NO*
(d) bone marrow transplantation YES / NO*

6. Please provide details of treatment administered.

7. Has the Life Assured previously suffered from this or any related illness / condition? YES / NO*
If "YES", please state dates of consultations, resulting diagnosis, the name and address of doctor who made this diagnosis and source of information.

Date

Signature of Doctor

8. (a) Is there anything in the Life Assured's habits or personal medical history which would have increased the risk of Aplastic Anaemia? YES / NO*

If "YES", please give full details including the date of diagnosis and source of information.

(b) Is the Life Assured suffering or has suffered from any other significant illness? YES / NO*

If "YES", please state illness, date of first diagnosis and name and address of attending doctor.

9. (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*

10. (a) 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

(b) Please provide the names and addresses of any hospital or clinic to which the Life Assured was referred to and the names of the consultants attended.

11. Please state and attach copies of all relevant hospital reports, laboratory and tests results.

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

Date

Signature & Official Stamp of Doctor