



3. (a) Please provide details of all investigations performed (e.g. muscle biopsy, electromyogram, serum creatinine, phosphokinase etc).

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(b) Please provide details, including dates, of the extent of the neurological deficit.

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(c) Please give details of current treatment.

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4. (a) Has the Life Assured previously suffered from the condition specified above or any possible related illness, especially any consultations, however minor in nature, concerning neurological symptoms or complaints? YES / NO\*

If "YES", please give dates of consultations, the resulting diagnosis, the name and the address of the doctor.

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(b) Are you aware of any blood relative suffering from a similar or related illness? YES / NO\*

If "YES", please state the relationship, nature of illness, the date of diagnosis and the source of information.

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(c) Is the Life Assured suffering or has suffered from any other significant illnesses? YES / NO\*

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

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5. (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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor

(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.

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6. Given the Activities of Daily Living (ADL) definitions stated below, please confirm which of the following the Life Assured is able / unable to undertake:

(a) **Bathing**

Is the Life Assured able to do the following without assistance:

Wash? YES / NO\*

Shower? YES / NO\*

Maintain adequate personal cleanliness? YES / NO\*

If "NO", please state why and how much assistance is required and how long (in weeks or months) since the Life Assured became unable to perform these tasks.

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(b) **Dressing**

Is the Life Assured able to dress himself fully without assistance? YES / NO\*

Can he unaided, put on and take off medically necessary appliances usually worn (e.g. braces, artificial limbs or other surgical appliances)? YES / NO\*

If "NO", please state why and how much assistance is required and on what date the Life Assured became unable to perform these tasks.

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(c) **Toileting**

Is the Life Assured able to go to the toilet or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene without assistance? YES / NO\*

If "NO", what is the reason for the Life Assured's restriction and how much assistance is required, and on what date did the Life Assured become unable to perform these tasks?

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(d) **Feeding**

Is the Life Assured able to consume (but not necessarily prepare) food and drink without assistance? YES / NO\*

If "NO", please give details of the underlying problems and the amount of assistance required and on what date did the Life Assured become unable to perform these tasks.

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Date

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Signature of Doctor

(e) **Mobility**

Is the Life Assured able to move indoors from room to room on level surface without assistance?

YES / NO\*

If "NO", please state why and how much assistance is required and on what date the Life Assured became unable to perform these tasks.

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(f) **Transferring**

Is the Life Assured able to move from a bed to an upright chair or wheelchair and vice versa without assistance?

YES/NO\*

If "NO", please state why and how much assistance is required and on what date the Life Assured became unable to perform these tasks.

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

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

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

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

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\_\_\_\_\_  
Date

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Signature & Official Stamp of Doctor