

3. (a) Please provide a description of the extent of the illness.

(i) Was the heart involved? YES / NO*

(ii) Were the lungs involved? YES / NO*

(iii) Were the kidneys involved? YES / NO*

(b) Please provide the results of the investigations done.

(i) Serology: _____

(ii) Biopsy (Please attach biopsy report): _____

4. (a) Has the Life Assured previously suffered from any illness related to the present condition? YES/NO*
If "YES", please give details of consultations, the resulting diagnosis, the name and address of the doctor who made these diagnosis and the source of information.

(b) 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

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

Date

Signature of Doctor

(d) 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.

5. (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*

6. Please state and attach copies of all relevant hospital, X-rays and CAT scans reports.

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

Date

Signature & Official Stamp of Doctor