JUNIOR LIVING ASSURANCE / MAXCARE JUNIOR CLAIM



DOCTOR'S STATEMENT	Life is Great				
DOCTOR'S STATEMENT FOR: LEUKAEMIA * Please delete where appropriate	For Official Use G E L S -				
Name of Life Assured:					
NRIC/ Passport No.: Date of Birth (
(a) Are you the Life Assured's usual medical doctor? (b) If "YES", since what date? Day Month Year	Day Month Year				
(c) Over what period do your records extend? From	Year Day Month Year to				
(d) If you are not the Life Assured's usual medical doctor, please provide the name, address and qualification of the usual medical doctor.					
Day Month Year					
Symptoms Presented at First Consultation	Date Symptoms First Started (D/M/Y)				
What is the source of this information? If "Others", please specify:	Patient / Referring Doctor / Others*				
(c) Diagnosis:					



Signature of Doctor

Date

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:	
4.	Plea	ase provide details of all investigations performed and attach a copy of the histological and laboratory / investigation results.	
5.	Plea	ase provide details of any chemotherapy or radiotherapy treatment provided including dates and types of treatment provided.	
6.	Plea	ase provide details of other treatment or medications prescribed.	
7.		the Life Assured previously suffered from the condition specified above or any related illness? YES / NO* (ES", please give details including dates of consultations and the resulting diagnosis.	
		Date Signature of Doctor	

8.	Did the Life Assured consult other doctors for this illness or its symptoms BEFORE he / she consulted you? If "YES", please give name(s) and address(es) of the doctor(s) whom he / she consulted.		YES / NO*	
	Name of Doctor	Name of Clinic / Hospital and Address		
9.	Please provide dates and results of all HIV and antibody tests done. Please also attach copies of all relevant laboratory reports			
10.	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.			
11.	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.			
12.	Please provide any other information which may be of assistance to us in assessing this claim.			

Signature & Official Stamp of Doctor

Date