

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) What was the site or organ involved and the precise histology of the tumour?

(b) What is the staging of the tumour? Please provide full details using appropriate staging classification (e.g. TMN classification etc).

- (i) Was the disease completely localised? YES / NO*
- (ii) Was there invasion of adjacent tissues? YES / NO*
- (iii) Were regional lymph nodes involved? YES / NO*
- (iv) Were there distant metastases? YES / NO*

(c) Please provide full details of all treatment provided (e.g. surgery, chemotherapy, radiotherapy etc).

(d) If the diagnosis is leukaemia, please provide details of the actual type

(e) If the diagnosis is malignant melanoma, please give full details of size, thickness (Breslow classification) and/or depth of invasion (Clark level).

Date

Signature of Doctor

(f) Is the diagnosis related to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? YES / NO*

Day	Month	Year

If "YES", please provide the date of diagnosis for HIV / AIDS.

5. (a) Has the Life Assured previously suffered from any malignant or other related illness? YES / NO*

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

(b) Is there anything in the Life Assured's personal medical history which would have increased the risk of Cancer? YES / NO*

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

(c) Is there anything in the Life Assured's family history which would have increased the risk of Cancer? YES / NO*

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

6. Please state and attach copies of all histological, biopsy and other relevant hospital reports, laboratory and tests results.

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

8. 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

9. 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

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

11. 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.

12. 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.

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

 Date

 Signature & Official Stamp of Doctor