



Great Eastern Life

Issued by: _____
Date : _____

**CONFIDENTIAL MEDICAL CERTIFICATE
(LIVING ASSURANCE)**

Name of Life Assured

NRIC No Policy No.....

The above named is insured with Great Eastern Life Assurance (Malaysia) Berhad against the happening of certain contingent events associated with his / her health. A claim has been submitted in connection with **AORTA SURGERY** and, to enable us to assess the claim, we would be obliged if you would complete this confidential report and return it direct to us in the self-addressed envelope provided.

In order for the claim to be valid the following definition must be fulfilled:-

14. 'Aorta Surgery'	The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta.
----------------------------	--

1. Are you the Life Assured's usual medical attendant ? YES NO

Since what date ? Date

2. (i) Date when you were first consulted for the illness or condition which led to Surgery to the aorta:

(ii) <u>Symptoms presented at that time</u>	<u>Date first appeared</u>
_____	_____
_____	_____
_____	_____

(iii) Please provide full and exact details of the illness or condition necessitating surgery.

Please attach copies of all relevant hospital reports that are available. (This would help us to process the insurance claim promptly)

(iv) Date when the disease /condition was FIRST diagnosed :

(v) Diagnosis was first made by (name of doctor) :

(vi) Date when Life Assured first became aware of the condition necessitating surgery :

3. DETAILS OF SURGERY

- (i) Type of Surgery (thoracic or abdominal) :
- (ii) Date of Surgery:
- (iii) Name and address of Hospital:
- (iv) Name and address of Doctor who performed the surgery :

-
4. (i) Have you previously treated the Life Assured for the same or any related illness, e.g. hypertension, angina, other vascular disease or endocarditis? If 'yes', please give dates of consultations and the resulting diagnosis.
- (ii) Names and addresses of any other doctors who treated him for the same or any related illness
- (iii) Is there anything in the Life Assured's personal medical history and family history which would have increased the risk of surgery of the aorta?
- (iv) Please give details of the Life Assured's habits in relation to cigarette smoking.

5. In your opinion, does the episode suffered by the Life Assured fulfil the definition of Surgery of the Aorta stated below?

14. 'Aorta Surgery'	:	The actual undergoing of surgery for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta.
---------------------	---	---

YES NO

6. If there is any further information which, in your opinion, will assist our Medical Referee in assessing this claim, please furnish such information below:

Date

Signature

Name, address and Official Stamp

.....
.....