



Great Eastern Life

**CONFIDENTIAL MEDICAL CERTIFICATE
(LIVING ASSURANCE)**

Issued by: _____
Date: _____

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 **ALZHEIMER'S DISEASE** 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:-

16. 'Alzheimer's Disease' : Deterioration or loss of intellectual capacity or abnormal behaviour as evidenced by the clinical state and accepted standardised questionnaires or tests arising from Alzheimer's Disease or irreversible organic disorders, excluding neurosis and psychiatric illness, resulting in significant reduction in mental and social functioning requiring the continuous supervision of the Life Assured. The diagnosis must be clinically confirmed by an appropriate consultant and be supported by the Company's Medical Advisor.

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 this condition :

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

(ii) Please provide full and exact details of the diagnosis and details of any investigations performed.

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

(iii) Date when the diagnosis was FIRST made (name of doctor):

(iv) Date when Life Assured first became aware of the condition:

3. (i) Please provide details, including dates, of the extent of the deterioration of intellectual capacity or abnormal behaviour.

(ii) Does the Life Assured require continuous supervision? If so, for how long has this been necessary?

(iii) Please give details of current treatment.

4. (i) Has the Life Assured previously suffered from any neurosis or any other psychiatric disorder? If 'yes', please give full details.

(ii) Has the Life Assured previously suffered from the condition specified above or any possible related illnesses? We are particularly interested in any consultations, however minor in nature, concerning deterioration or loss of intellectual capacity. If 'yes', please give dates of consultations and the resulting diagnosis.

5. (i) Did the Life Assured consult other doctors for this injury / disease / condition or related illness before he consulted you? If 'yes', please give name(s) and address(es) of the doctor(s) whom he consulted.

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

6. In your opinion, does the condition suffered by the Life Assured fulfil the definition of Alzheimer's Disease stated below?

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YES

NO

7. 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

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