



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 **TERMINAL ILLNESS** 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:-

**19. 'Terminal Illness' : When the advent of death is highly probable within twelve (12) months and medical opinion has rejected active therapy in favour of the relief of symptoms and support of both patient and family. This decision must be confirmed by the Company's Medical Adviser.**

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 condition resulting in Terminal Illness : .....

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

(iii) Please provide full and exact details of the condition causing terminal illness, including dates.

**We would be grateful for copies of any relevant hospital reports that are available. (This would help us to process the insurance claim promptly)**

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

(v) Date when Life Assured first became aware that the condition was terminal : .....

3. (i) Please give details of current symptoms and treatment .

- (ii) Has active therapy now been rejected in favour of relief of symptoms?
- (iii) Can you confirm that the advent of death is highly probable within 12 months?

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4. (i) Has the Life Assured previously suffered from the condition specified above or any possible related illnesses?  YES  NO

(ii) If 'yes', please give dates of consultations and the resulting diagnosis.

(iii) Is there anything in the Life Assured's personal medical history which would have increased the risk of the condition resulting in terminal illness?

(iv) Is there anything in the Life Assured's family history which would have increased the risk of the 'terminal' condition?

(v) Please give details of the Life Assured's habits in relation to cigarette smoking.

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5. Did the Life Assured consult other doctors for this illness or its symptoms **before** he consulted you? If 'yes', please give name(s) and address(es) of the doctor (s) whom he consulted.

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6. 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.

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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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Qualifications .....

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