

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 **STROKE** 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:-

**2. 'Stroke'** Means diagnosis of a cerebrovascular incident producing permanent neurological sequelae caused by haemorrhage, infarction of brain tissue or an embolus from an extracranial source. Evidence of permanent neurological damage must be confirmed by a consultant neurologist at the earliest six (6) weeks after the event and no claims can be admitted earlier. Transient ischaemic attacks and attacks of vertebrobasilar ischaemia are specifically excluded.

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

Since what date ? Date .....

2. (i) Date when Life Assured first consulted you for this illness : .....

(ii) Symptoms presented:

(iii) How long had symptoms been present?

(iv) Diagnosis : .....

(v) Date when illness was FIRST diagnosed : .....

(vi) Diagnosis was first made by : .....

(vii) Date when Life Assured first became aware of the illness: .....

3. (i) Please describe the initial episode :-

a) Nature of episode:

b) Date : .....

c) Duration of acute symptoms:

d) Date of return to normal duties and / or the Life Assured's present limitations – physical and mental:

(ii) Please comment on any neurological sequelae which lasted more than 24 hours.

Are these sequelae permanent?

(iii) Has there been an infarction of brain tissue, haemorrhage or embolisation from an extracranial source?

(iv) Please provide the full address of any hospitals to which the Life Assured has been referred together with the names of the consultants attended.

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4. (i) Has the Life Assured previously suffered from the condition described above or any related illness? E.g., hypertension, transient ischaemic attack, angina and other vascular disease. If 'yes', please give dates of consultation and the resulting diagnosis.

(ii) Is there anything in the Life Assured's personal medical history and family history which would have increased the risk of a stroke?

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

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5. Please supply details of radiological, CT scanning and laboratory evidence as well as any other tests. (We would also be grateful for copies of any other relevant hospital reports that are available. This would help us to process the insurance claim promptly)

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6. 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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7. In your opinion, does the episode suffered by the Life Assured fulfil the definition of stroke stated below?

2. 'Stroke'	: Means diagnosis of a cerebrovascular incident producing permanent neurological sequelae caused by haemorrhage, infarction of brain tissue or an embolus from an extracranial source. Evidence of permanent neurological damage must be confirmed by a consultant neurologist at the earliest six (6) weeks after the event and no claims can be admitted earlier. Transient ischaemic attacks and attacks of vertebrobasilar ischaemia are specifically excluded.
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YES

NO

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8. 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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