



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 **CHRONIC LUNG DISEASE**, 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:-

24. 'Chronic Lung disease' ; End stage lung disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as a FEV 1 test result of less than one (1) litre.

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 :
(ii) Symptoms presented at that time Date first appeared

(iii) Please provide full and exact details of the diagnosis.
(iv) Date when the illness / condition was FIRST diagnosed :
(v) Diagnosis was first made by (name of doctor):
(vi) Date when Life Assured first became aware of the illness:

3. (i) Please advise the frequency and severity of symptoms, and comment on how this restricts daily activities.
(ii) Please provide details of all investigations carried out, particularly pulmonary function tests including dates and results. Please include current FEV1 and vital capacity readings.

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

4. What treatment is currently administered? If oxygen therapy is necessitated, please advise how frequently and where this is administered.

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

(ii) Has the Life Assured ever been exposed to any other substance that is likely to increase the risk of lung disease (whether through his/her occupation or not) If 'yes', please give details.

(iii) Is there anything in the Life Assured's family history which may have increased the risk of disease?

6. Has the Life Assured previously suffered from any illness related to the present condition? If 'yes', please give dates of consultations and the resulting diagnosis.

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

8. 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.

9. In your opinion, does the condition suffered by the Life Assured fulfil the definition stated below?

24. 'Chronic Lung disease' : End stage lung disease including interstitial lung disease, requiring extensive and permanent oxygen therapy as well as a FEV 1 test result of less than one (1) litre.

YES

NO

10. 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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