



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 the 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 **ACCIDENTAL HEAD INJURY RESULTING IN MAJOR HEAD TRAUMA** 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:-

25. 'Accidental Head Injury Resulting In Major Head Trauma'	: Accidental head injury resulting in neurological deficit causing significant functional impairment lasting at least six (6) weeks, as certified by a consultant neurologist.
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1. Are you the Life Assured's usual medical attendant? YES NO

If 'yes', over what period do your records extend?

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 of injury:

(vi) Please give details of the circumstances leading to the injury.

(vii) Was there reason to suspect that there were contributory circumstances which led to the injury, e.g. under the influence of alcohol, fits and so on?

(viii) Has the patient previously suffered from any illness related to the present condition?
 YES NO

If yes, please state dates of consultations and resulting diagnosis.

3. MEDICAL DETAILS

- (a) Please provide exact nature of the brain injury. (As the policy specifies that the brain injury must be demonstrated by a modern scanning or imaging technique, a copy of the MRI or CAT scan would be appreciated)

- (b) Please provide details of the permanent functional impairment? (Impairment should not be regarded as permanent unless a period of at least six months has passed after the injury).

- (c) Is there a possibility that the impairment could regress in the future?

- (d) Have this patient refused any form of medical treatment, e.g. surgery which may have prevented or reduce the severity of the impairment?

- (e) Please give the name and address of all consultants, specialists or hospitals to which your patient has been referred or attended for this condition.

- (f) We would grateful for copies of any relevant hospital reports that are available.

- (g) In your opinion, does the condition suffered by the Life Assured fulfil the definition stated below ?

25. 'Accidental Head Injury Resulting In Major Head Trauma'	Accidental head injury resulting in neurological deficit causing significant functional impairment lasting at least six (6) weeks, as certified by a consultant neurologist.
<input type="checkbox"/> YES	<input type="checkbox"/> NO

- (h) If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this claim, please give details.

Date

Signature

Name, address and Official Stamp
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