



# 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 **APLASTIC ANAEMIA** 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:-

<b>26. 'Aplastic Anaemia'</b>	<b>Bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:</b> (a) Blood product transfusion (b) Marrow stimulating agents (c) Immunosuppressive agents (d) Bone marrow transplantation
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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 any condition relating to Aplastic Anaemia .....

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

(iii) Please provide full and exact diagnosis of the Life Assured's condition.

(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 state the likely cause of this illness/condition, if known.

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- (ii) Is this condition in any way attributable to HIV infections or AIDS? If 'yes', please give full details.
- (iii) What tests have been performed to verify the diagnosis? Please provide full details of tests and results.

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

4. Please provide details of treatment administered, including blood product transfusions, marrow stimulating agents, immunosuppressive agents or bone marrow transplantation.

5. Has the Life Assured previously suffered from this or any related illness/condition? If 'yes', please state dates, consultations and diagnosis.

6. Is there anything in the Life Assured's habits or personal medical history which would have increased the chance of Aplastic Anaemia?

7. (i) 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.

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

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

(26) "Aplastic Anaemia" : Bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:  
 (a) Blood product transfusion  
 (b) Marrow stimulating agents  
 (c) Immunosuppressive agents  
 (d) Bone marrow transplantation

YES

NO

9. 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

.....