



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 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 **CORONARY ARTERY BY-PASS SURGERY** 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:-

3. 'Coronary Artery By-pass Surgery' : Means the actual undergoing of coronary artery by-pass surgery to correct stenosis or occlusion in the coronary arteries but excluding non-surgical techniques such as angioplasty, laser treatment or other non-surgical procedures.

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) Please describe the full and exact diagnosis of the heart disease leading to surgery.
- (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) What type of surgery has been performed:

Date of Surgery

If coronary artery by-pass grafting, please state the number and sites of grafts inserted.

- (ii) In which hospital was the surgery performed?
- (iii) Who performed the surgery? (Please state name and address)

4. (i) Has the Life Assured previously suffered from the same or any related illness, e.g. hypertension, angina or other vascular disease? If 'yes', please give dates of consultation and the resulting diagnosis.
- (ii) Did the Life Assured consult other doctors for heart disease or its symptoms **before** he consulted you? If 'yes', please give names(s) and address (es) of the doctor(s) whom he consulted.
- (iii) Is there anything in the Life Assured's family history which would have increased the risk of coronary artery disease?
- (iv) Please give details of the Life Assured's habits in relation to cigarette smoking.

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

6. In your opinion, does the episode suffered by the Life Assured fulfil the definition of coronary artery by-pass stated below?

(3) 'Coronary Artery By-pass Surgery'	: Means the actual undergoing of coronary artery by-pass surgery to correct stenosis or occlusion in the coronary arteries but excluding non-surgical techniques such as angioplasty, laser treatment or other non-surgical procedures.
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YES NO

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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