



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 **CANCER** 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:-

4. 'Cancer' : Means the uncontrolled growth and spread of malignant cells and invasion of tissue as evidenced by definite histology and includes leukaemia (excluding chronic lymphocytic leukaemia), lymphoma and Hodgkin's disease but excludes non-invasive cancers in situ and all skin cancers except malignant melanomas. All cancers are excluded if the Life Assured is HIV-positive.

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) What was the site or organ involved and the precise histology of the tumour?

(ii) a) What stage did the disease reach? Please describe this using whichever staging classification is appropriate.

b) Was the disease completely localised?

c) Was there invasion of adjacent tissues?

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d) Were regional lymph nodes involved?

e) Were there distant metastases?

(iii) If the diagnosis is leukaemia, please provide details of the actual type.

4. (i) Has the Life Assured previously suffered from cancer or any related illness? 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 cancer?

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

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

(ii) 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.

6. **Please attach copies of all hospital, X-Ray, surgical, histological, radiological reports and supply details of laboratory or any other tests (for e.g., biopsy) done. (This would help us to process the insurance claim promptly).**

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

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YES

NO

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:

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Date

Signature

Name, address and Official Stamp