



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 **FULMINANT HEPATITIS** 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 -

6. Fulminant Hepatitis : A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of all of the following criteria:
a) a rapidly decreasing liver size;
b) necrosis involving entire lobules, leaving only a collapsed reticular frame-work;
c) rapid deterioration of liver function test; and
d) deepening jaundice.
Excluding however the diagnosis of this illness if such is directly or indirectly caused by attempted suicide, poisoning, drug overdose and excessive alcohol ingestion.
Evidence of the following must be produced:-
a) liver function test to show massive parenchymal liver disease; and
b) objective signs of portasystemic encephalopathy.

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 the illness :
- (ii) Symptoms presented:
- (iii) How long had symptoms been present?
- (iv) Date when illness was FIRST diagnosed:
- (v) Diagnosis was first made by:
- (vi) Date when Life Assured first became aware of the illness :

3. (i) Please provide full and exact details of the diagnosis including the type(s) of virus involved, any objective signs of portasystemic encephalopathy, hepatic insufficiency, deepening jaundice or any other symptoms.

(ii) Please comment on the following:-
a) the state of the liver and its lobular architecture. Is the liver size rapidly decreasing?

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- b) the extent of the liver necrosis and the hepatocellular damage; and
- c) the degree of impairment to the liver function. Does it constitute a parenchymal disease of the liver?

(iii) **Please supply detailed results of serial liver function tests, liver biopsy and laboratory evidence as well as any other tests. (This would help us to process the insurance claim promptly)**

(iv) Was the liver failure a result of attempted suicide, poisoning, drug overdose or excessive alcohol ingestion?

YES NO

4. Is there anything in the Life Assured's habits or personal medical history which would have increased the risk of a fulminant hepatitis?

5. (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 was referred together with the names of the consultants attended.

6. In your opinion, does the episode suffered by the Life Assured fulfil the definition of fulminant hepatitis stated below?

6. 'Fulminant Hepatitis' : A submassive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. The diagnosis in respect of this illness must be based on the meeting of all of the following criteria:-

- a) a rapidly decreasing liver size
- b) necrosis involving entire lobules, leaving only a collapsed reticular frame-work;
- c) rapid deterioration of liver function test; and
- d) deeping jaundice

Excluding however the diagnosis of this illness if such is directly or indirectly caused by attempted suicide, poisoning, drug overdose and excessive alcohol ingestion.

Evidence of the following must be produced:-

- a) liver function test to show massive parenchymal liver disease; and;
- b) objective signs of portasystemic encephalopathy.

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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