



# 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 **MULTIPLE SCLEROSIS** 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>9. 'Multiple Sclerosis'</b>	Means unequivocal diagnosis of multiple sclerosis made by a consultant neurologist with evidence of the typical symptoms of demyelination, persisting neurological abnormalities and impairment of function. Diagnosis will be based on confirmatory neurological investigations (e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR evidence of lesions of the central nervous system).
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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) Please provide details, including dates, of the extent of his /her neurological deficit.

(ii) Please give details of the extent of the involvement of the optic nerves, brain stem and spinal cord together.

Please give details of the impairment of co-ordination and motor sensory function.

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(iii) Please provide details of any investigations performed. Please comment on whether the diagnosis was supported by MRI/CT scanning.

(v) Please give details of current treatment.

(vi) Is the Life Assured confined to a wheelchair? If so, for how long?

(vii) 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.

**We would be grateful for copies of any relevant hospital reports that are available.  
(This would help us to process the insurance claim promptly)**

4. Has the Life Assured previously suffered from the condition specified above or any possible related illness? (We are particularly interested in any consultations, however, minor in nature, concerning neurological symptoms or complaints.) If 'yes', please give dates of consultations and their resulting diagnosis.

5. 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.

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

9. 'Multiple Sclerosis' : Means unequivocal diagnosis of multiple sclerosis made by a consultant neurologist with evidence of the typical symptoms of demyelination, persisting neurological abnormalities and impairment of function.  
Diagnosis will be based on confirmatory neurological investigations(e.g. lumbar puncture, evoked visual responses, evoked auditory responses and NMR evidence of lesions of the central nervous system).

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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