

**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 **CHRONIC LIVER DISEASE** 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:-

**23. 'Chronic Liver Disease' : End stage liver failure as evidenced by all of the following:
(a) Permanent jaundice;
(b) Ascites; and
(c) Hepatic encephalopathy.
Liver disease secondary to alcohol or drug misuse is excluded**

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 this condition :

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

(iii) Did the Life Assured at any time prior to final diagnosis consult you for unexplained fever, altered mental state, abdominal pain or vomiting?

(iv) Date when the Life Assured became aware of a general deterioration in condition:

(v) Date when the illness/condition was FIRST diagnosed:

(vi) Diagnosis was first made by (name of doctor):

3. (i) Please provide full detailed results of serial liver function tests to include Gamma GT and Bilirubin levels.

- (ii) How long has the Life Assured been affected by jaundice?
- (iii) How advanced do you consider the hepatic encephalopathy to be?
- (iv) When was ascites first discovered? Was there confirmation by paracentesis and or by ultrasound?
- (v) Please provide full and exact details of the diagnosis, including any tests or investigations performed.

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

4. Is there any history of prolonged or excessive alcohol intake, or drug addiction or misuse?

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. 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.

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

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 (b) Ascites; and
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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:

Date

Signature

Name, address and Official Stamp

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