

**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 COMA 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:-

18. 'Coma' : Failure of cerebral function characterised by total unarousable unresponsiveness to all external stimuli, persisting continuously with the use of a life support system for a period of at least ninety-six (96) hours. Coma resulting directly from alcohol or drug abuse 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 the illness or condition which led to Coma:.....

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

Please provide any other details of the injury, disease or condition causing Coma, including date and time of onset:

(iii) Date when diagnosis of "Coma" as defined above was first made:.....

3. (i) How long (hours) was the Life Assured in a state of Coma?

(ii) What support systems were required to maintain the survival of the Life Assured?

(iii) What tests were performed to determine the depth of the Coma?

Please supply details of radiological, CT scanning and laboratory evidence as well as any other tests. (We would also be grateful for copies of any other relevant hospital reports that are available. This would help us to process the insurance claim promptly)

4. Please provide the date and time of emergence from the Coma, and comment on the Life Assured's limitations both physical and mental from that time.

5. (i) Is there anything in the Life Assured's habits or personal history which would have increased the risk of Coma?

(ii) Is there anything in the Life Assured's family history that would have increased the risk of Coma?

6. (i) Did the Life Assured consult any other doctors for any illness or condition leading to Coma. 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.

7. In your opinion, does the episode suffered by the Life Assured fulfil the definition of Coma 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:

Date

Signature

Name, address and Official Stamp

.....

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