

**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 **CORONARY ARTERY BY-PASS SURGERY** 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:-

3. 'Coronary Artery By-pass Surgery' : Means the actual undergoing of coronary artery by-pass surgery to correct stenosis or occlusion in the coronary arteries but excluding non-surgical techniques such as angioplasty, laser treatment or other non-surgical procedures.

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) Please describe the full and exact diagnosis of the heart disease leading to surgery.
- (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 type of surgery has been performed:

Date of Surgery

If coronary artery by-pass grafting, please state the number and sites of grafts inserted.

- (ii) In which hospital was the surgery performed?
- (iii) Who performed the surgery? (Please state name and address)

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4. (i). Has the Life Assured previously suffered from the same or any related illness, e.g. hypertension, angina or other vascular disease ? If ‘yes’, please give dates of consultation and the resulting diagnosis.
- (ii). Did the Life Assured consult other doctors for heart disease or its symptoms **before** he consulted you? If ‘yes’, please give names(s) and address (es) of the doctor(s) whom he consulted.
- (iii) Is there anything in the Life Assured’s family history which would have increased the risk of coronary artery disease?
- (iv) Please give details of the Life Assured’s habits in relation to cigarette smoking.

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

6. In your opinion, does the episode suffered by the Life Assured fulfil the definition of coronary artery by-pass stated below?

(3) ‘Coronary Artery By-pass Surgery’	:	Means the actual undergoing of coronary artery by-pass surgery to correct stenosis or occlusion in the coronary arteries but excluding non-surgical techniques such as angioplasty, laser treatment or other non-surgical procedures.
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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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