

**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 **HEART VALVE 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:-

**12. 'Heart Valve Surgery' : The actual undergoing of open-heart surgery to replace and/or dilate cardiac valves as consequence of heart valve defects.**

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 condition which led to Heart Valve Surgery:  
.....

(ii) <u>Signs or Symptoms (e.g. heart murmur)</u> <u>presented at that time</u>	<u>Date first appeared</u>
_____	_____
_____	_____
_____	_____

(iii) Please provide full and exact details (including dates) of the heart disease leading to surgery.

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

(iv) Date when the disease/condition was FIRST diagnosed: .....

(v) Diagnosis was first made by (name of doctor) : .....

(vi) Date when Life Assured first became aware of the condition necessitating surgery:.....

**3. DETAILS OF SURGERY**

- (i) Type of Surgery: .....
- (ii) Date of Surgery: .....
- (iii) Name and address of Hospital:
- (iv) Name and address of Doctor who performed the surgery:

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4. (i) Has the Life Assured previously suffered from any related illness? E.g., Hypertension, Angina, other vascular disease, or Rheumatic Fever. If 'yes', please give dates of consultations and the resulting diagnosis.
- (ii) Names and addresses of any other doctors who treated him for the same or any related illness:
- (iii) Is there anything in the Life Assured's family history which would have increased the risk of heart valve disease?
- (iv) Please give details of the Life Assured's habits in relation to cigarette smoking.

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

<b>12. 'Heart Valve Surgery'</b>	<b>:</b>	<b>The actual undergoing of open-heart surgery to replace and/or dilate cardiac valves as consequence of heart valve defects.</b>
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**YES**

**NO**

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6. 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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