

**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 ATTACK** 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:-

1. "Heart Attack" : Means diagnosis of the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area as evidenced by symptoms of typical chest pain, new electrocardiograph changes characteristic of myocardial infarction and by elevated levels of cardiac enzymes.

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 ?

3. (i) Has the Life Assured previously suffered from a heart attack or from the conditions specified above or any related illness ? E.g., hypertension, angina or other vascular disease.
 YES NO
If 'yes', please give details of consultations and the resulting diagnosis.

(ii) Date when Life Assured first became aware of the illness:

4. (i) Please give full and exact details of the diagnosis
(ii) Please describe the initial episode:-
a) Nature of episode:
b) Date:
c) Duration of acute symptoms:

d) Date of return to normal activities:

(iii) Please give results of any investigations performed e.g., resting ECGs, exercise stress tests, enzyme assays, isotope imaging, coronary and LV angiography.

(We would be grateful for copies of any relevant hospital reports and if possible ECG tracings which will be returned without delay. This would help us to process the insurance claim promptly.)

(iv) 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.

5. (i) Is there anything in the Life Assured's family history which would have increased the risk of a heart attack ?

(ii) Please give details of the Life Assured's habits in relation to cigarette smoking and alcohol consumption.

6. 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 (s) of the doctor(s) whom he consulted.

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