

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 **MAJOR BURNS** 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:-

**17. 'Major Burns' : Third degree burns covering at least 20 per cent of the body surface area.**

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 accident or condition causing Major Burns :  
.....

<u>Symptoms presented at that time</u>	<u>Date first appeared</u>

3. (i) Date of the incident resulting in Major Burns : .....

(ii) Where and how did the incident occur?

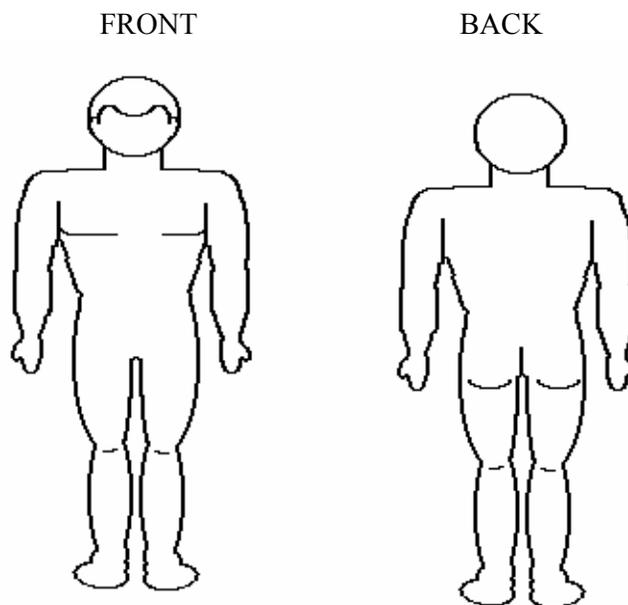
(iii) In your opinion, is there a possibility that the burns were self-inflicted?

4. (i) Has the Life Assured previously suffered from the condition specified above or any related condition. If 'yes', please state the dates and situations resulting in prior burns.

(ii) Is there anything in the Life Assured's habits or personal history which would increase the risk of accidents or burns?

5. Has the Life Assured undergone any skin grafts to repair damaged skin? .....

6. Please shade in the diagram showing the areas affected by burns.



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

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7. (i) Did the Life Assured consult other doctors for this injury / condition **before** he consulted you? 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.

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8. In your opinion, does the condition suffered by the Life Assured fulfil the definition of Major Burns stated below?

<b>17. 'Major Burns'</b>	<b>:</b>	<b>Third degree burns covering at least 20 per cent of the body surface area.</b>
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**YES**                       **NO**

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9. 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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