

**CONFIDENTIAL MEDICAL CERTIFICATE  
(LIVING ASSURANCE)**

Issued By: \_\_\_\_\_  
Date : \_\_\_\_\_

Name of Life Assured:.....

NRIC No . : ..... Policy No. : .....

The above named is insured with the 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 **ACCIDENTAL HEAD INJURY RESULTING IN MAJOR HEAD TRAUMA** 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:-

**25. 'Accidental Head Injury Resulting In Major Head Trauma' : Accidental head injury resulting in neurological deficit causing significant functional impairment lasting at least six (6) weeks, as certified by a consultant neurologist.**

1. Are you the Life Assured's usual medical attendant?  YES  NO

If 'yes', over what period do your records extend? .....

2. (i) Date when Life Assured first consulted you for this illness : .....

(ii) Symptoms presented:

(iii) How long had symptoms been present?

(iv) Diagnosis: .....

(v) Date of injury:.....

(vi) Please give details of the circumstances leading to the injury.

(vii) Was there reason to suspect that there were contributory circumstances which led to the injury, e.g. under the influence of alcohol, fits and so on?

(viii) Has the patient previously suffered from any illness related to the present condition?  
 YES  NO

If yes, please state dates of consultations and resulting diagnosis.

