

**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 ORGAN TRANSPLANTS** 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:-

**7. 'Major Organ Transplant' : Means the actual undergoing as a recipient of the transplant of a heart, lung, liver, kidney, pancreas or bone marrow.**

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 the episode which culminated in transplantation.  
Date .....

(ii) Symptoms presented:

(iii) How long had symptoms been present?

(iv) What was the exact diagnosis of the underlying disease leading to the major organ transplantation and which major organ was transplanted?

(v) Date when illness was FIRST diagnosed: .....

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

(vii) Has the Life Assured previously suffered from the above illness or any other related illness? If 'yes', please give dates of consultations and the resulting diagnosis.

3. (i) Prior to the transplantation  
a) What medical treatment or replacement therapy had the Life Assured been receiving ?  
E.g., dialysis, blood transfusions.

b) When did such treatment commence:.....

(ii) Date when the major organ was transplanted: .....

(iii) Was it the first graft?  YES  NO  
If 'no', please give the date of the first graft: .....

(iv) How long had the Life Assured been on the waiting list for the operation?

Since ..... (Please give date)

(v) In which hospital was the surgery performed?

(vi) Who performed the surgery? (Please state name and address)

**(We would also be grateful for copies of the report on the transplantation and any relevant hospital reports, operation reports and investigations that are available. This would help us to process the insurance claim promptly)**

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4. (i) Please give details of the Life Assured's habits in relation to cigarette smoking.

(ii) Is there anything in the Life Assured's personal medical history and family history which would have increased the risk of this illness?

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5. (i) 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(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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6. In your opinion, does the episode suffered by the Life Assured fulfil the definition of major organ transplants stated below?

<b>7. 'Major Organ Transplant' : Means the actual undergoing as a recipient of the transplant of a heart, lung, liver, kidney, pancreas or bone marrow.</b>
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YES  NO

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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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