

Issued by:
Date :

**CONFIDENTIAL MEDICAL CERTIFICATE
(LIVING ASSURANCE)**

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 **KIDNEY FAILURE** 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:-

5. 'Kidney Failure' : Means the end stage renal failure presenting chronic irreversible failure of both kidneys to function and causing either regular long-term renal dialysis or a renal transplant to be carried out. The necessity of continuous dialysis treatment must be certified by a nephrologist's report.

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

Since what date? Date

2. (i) What is the underlying kidney disease causing renal failure?
- (ii) Date when Life Assured first consulted you for this disease :
- (iii) Symptoms presented:
- (iv) How long had symptoms been present?
- (v) Diagnosis:
- (vi) Date when illness was FIRST diagnosed:
- (vii) Diagnosis was first made by:
- (viii) Date when Life Assured first became aware of the illness:

3. (i) Has the Life Assured's renal disease reached end-stage? YES NO
- (ii) Is the Life Assured currently undergoing regular peritoneal dialysis or haemodialysis?
 YES NO
- (iii) Has renal transplantation been performed? If 'yes', where was it done and by whom?

4. (i). Has the Life Assured previously suffered form renal disease or any related illness? E.g., Diabetes. If 'yes', please give dates of consultation and the resulting diagnosis.
- (ii) Is there anything in the Life Assured's personal medical history and family history which would have increased the risk of renal disease?
- (iii) Please give details of the Life Assured's habits in relation to cigarette smoking.

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.

6. Please attach copies of all hospital, x-ray, surgical, histological, radiological reports and supply details of laboratory or any other tests done. (This would help us to process the insurance claim promptly).

7. In your opinion, does the episode suffered by the Life Assured fulfil the definition of kidney failure stated below?

5. 'Kidney Failure'	:	Means the end stage renal failure presenting chronic irreversible failure of both kidneys to function and causing either regular long-term renal dialysis or a renal transplant to be carried out. The necessity of continuous dialysis treatment must be certified by a nephrologist's report.
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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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