

Compulsory Claim Medical Questions for the 5 Common Critical Illnesses**Major Cancers****A. General Information**

1. Are you the patient's usual medical doctor? If yes, over what period do your records extend to?
2. When did the patient first consult you for this condition?
3. What were the symptoms and their durations? Please state the date of onset of first occurrence of symptoms.
4. In your opinion, what were the likely durations of the patient's symptoms? Please provide reasons.
5. Did the patient consult any other doctors for these symptoms before he/she consulted you?

B. Details of Critical Illness

6. What is the diagnosis? Please provide full details of the diagnosis, including the date of diagnosis.
7. Please provide the name of doctor and clinic/hospital where the diagnosis was first made.
8. When was the patient first made aware of the diagnosis?
9. Which was the site or organ involved?
10. What is the histological diagnosis of the disease (please provide histology of the tumor)?
11. What is the staging of the tumour? Please provide full details using appropriate staging classification (e.g. TNM Classification, etc.).
12. Was there invasion of adjacent tissues?
13. Were there distant metastases? If yes, please provide full details.
14. Please provide full details of all treatment provided (e.g. surgery, chemotherapy, radiotherapy, etc.).
15. In the case of a malignant melanoma, please give full details of size, thickness and depth of invasion.
16. Please provide details of all investigations performed and enclose copies of all reports, e.g. biopsy reports, cytology and histopathology reports, X-rays, CT and MRI scans, other imaging studies, laboratory evidence, surgical reports and other relevant hospital reports.
17. Please provide the names of all the doctors and their clinics/hospitals which the patient had attended for this condition.

C. Medical History

18. Has the patient ever had any malignant, pre-malignant or other related conditions or risk factors? If yes, please provide full details.
19. Please give details of the patient's family history, which would have increased the risk of cancer (including relationship to the patient, nature of illness, date of diagnosis and source of information).
20. Please give details of the patient's habits in relation to past and present smoking, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.
21. Please give details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumption per day and source of this information.
23. Does the patient have or ever had any other significant health condition? If yes, please provide details of the condition, including diagnosis, date of diagnosis and treatment received.

Heart Attack

A. General Information

1. Are you the patient's usual medical doctor? If yes, over what period do your records extend to?
2. When did the patient first consult you for this condition?
3. What were the symptoms and their durations? Please state the date of onset of first occurrence of symptoms.
4. In your opinion, what were the likely durations of the patient's symptoms? Please provide reasons.
5. Did the patient consult any other doctors for these symptoms before he/she consulted you?

B. Details of Critical Illness

6. What is the diagnosis? Please provide full details of the diagnosis, including the date of diagnosis.
7. Please provide the name of doctor and clinic/hospital where the diagnosis was first made.
8. When was the patient first made aware of the diagnosis?
9. Has the patient previously suffered from a heart attack or any related illnesses, e.g., hypertension, angina or other vascular diseases? If yes, please provide details, including diagnosis, date of diagnosis and treatment given.
10. Was there a current history of typical chest pain and/or shortness of breath?
11. What were the ECG findings indicative of new myocardial infarct? Please provide details.
12. Was there death of a portion of the heart muscle? If yes, please provide details.
13. Was there a diagnostic elevation of cardiac enzyme CK-MB? If yes, please provide details.
14. Was there a diagnostic elevation of Troponin (Tro I)? If yes, please provide details.
15. What was the left ventricular ejection fraction at initial diagnosis? Please provide date of test and specification of type of test.
16. What was the left ventricular ejection fraction 3 months or more after the initial diagnosis? Please provide date of test and specification of type of test.
17. Please provide details of all investigations/tests performed and enclose copies of all reports, e.g. resting ECGs, exercise stress tests, cardiac enzyme assays, imaging, coronary angiography, echocardiography, myocardial perfusion scans and other relevant hospital reports.
18. Please provide the names of the doctors together with the names and address of the hospital / clinic for which the patient had attended for this condition.

C. Medical History

19. Please give details of the patient's family history which would have increased the risk of a heart attack (including the relationship, nature of illness, date of diagnosis and source of information).
20. Please give details of the patient's habits in relation to past and present smoking, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.
21. Please give details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumption per day and source of this information.
22. Does the patient have or ever had any other significant health condition? If yes, please provide details of the condition, including diagnosis, date of diagnosis and treatment received.

Stroke

A. General Information

1. Are you the patient's usual medical doctor? If yes, over what period do your records extend to?
2. When did the patient first consult you for this condition?
3. What were the symptoms and their durations? Please state the date of onset of first occurrence of symptoms.
4. In your opinion, what were the likely durations of the patient's symptoms? Please provide reasons.
5. Did the patient consult any other doctors for these symptoms before he/she consulted you?

B. Details of Major Illness

6. What is the diagnosis? Please provide full details of the diagnosis, including the date of diagnosis.
7. Please provide the name of doctor and clinic/hospital where the diagnosis was first made.
8. When was the patient first made aware of the diagnosis?
9. Date of initial episode.
10. How long has the neurological damage lasted since the initial episode? Please provide duration in days/weeks.
11. Please provide a description of the neurological damage. Is this neurological damage permanent?
12. What are the Insured's current physical and/or mental limitations?
13. Date of return to normal activities?
14. Please provide details of all investigations/test performed and enclose copies of all reports, e.g. CT scan and MRI scan reports and other relevant hospital reports.
15. Are the investigation findings consistent with the diagnosis of a new stroke? If yes, please give details.
16. Please provide the names of the doctors together with the names and address of the hospital / clinic for which the patient had attended for this condition.

C. Medical History

17. Has the patient previously suffered from stroke or any related illnesses (e.g. hypertension, transient ischaemic attack, angina and other cardiovascular diseases)? If yes, please provide details.
18. Please give details of the patient's family history which would have increased the risks of having a Stroke (including the relationship, nature of illness, date of diagnosis and source of information).
19. Please give details of the patient's habits in relation to past and present smoking, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.
20. Please give details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumption per day and source of this information.
21. Does the patient have or ever had any other significant health conditions? If yes, please provide details of illnesses including diagnosis, date of diagnosis and treatment given.

Coronary Artery By-Pass Surgery

A. General Information

1. Are you the patient's usual medical doctor? If yes, over what period do your records extend to?
2. When did the patient first consult you for this condition?
3. What were the symptoms and their durations? Please state the date of onset of first occurrence of symptoms.
4. In your opinion, what were the likely durations of the patient's symptoms? Please provide reasons.
5. Did the patient consult any other doctors for these symptoms before he/she consulted you?

B. Details of Major Illness

6. Please describe the full and exact diagnosis of the heart condition leading to surgery?
7. Please provide the name of doctor and clinic/hospital where the diagnosis was first made.
8. When was the patient first made aware of the diagnosis?
9. Please provide details of the coronary angiogram performed.
10. Which arteries are involved and what is the degree (%) of narrowing in respect of each artery involved?
11. Name of surgeon who performed the surgery. Name and address of hospital where the surgery was performed?
12. If coronary by-pass grafting has been performed, please state the number and sites of graft inserted.
13. Please provide full details of any other treatment provided.
14. Please provide details of all investigations/test performed and attach copies of results of any investigations performed, e.g., resting ECGs, exercise stress tests, cardiac enzyme assays, coronary angiography, echocardiography, surgical reports, X-rays, CT scans, myocardial perfusion scans, and any other imaging studies, laboratory evidence etc and other relevant hospital reports.
15. Please provide the names of all doctors who have attended to the patient for this condition and the respective names and addresses of the clinics/hospitals.

C. Medical History

16. Has the patient previously suffered from the above illnesses or any other cardiovascular diseases? If yes, please provide details.
17. Please provide the names of the doctors together with the names and address of the hospital / clinic for which the patient had attended for this condition.
18. Please give details of the patient's medical history which would have increased the risks of coronary artery disease?
19. Please give details of the patient's family history which would have increased the risks of coronary artery disease (including the relationship, nature of illness, date of diagnosis and source of information).
20. Please give details of the patient's habits in relation to smoking, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.
21. Please give details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumption per day and source of this information.
22. Does the patient have or ever had any other significant health condition? If yes, please provide details of the condition, including diagnosis, date of diagnosis and treatment received.

Kidney Failure

A. General Information

1. Are you the patient's usual medical doctor? If yes, over what period do your records extend to?
2. When did the patient first consult you for this condition?
3. What were the symptoms and their durations? Please state the date of onset of first occurrence of symptoms.
4. In your opinion, what were the likely durations of the patient's symptoms? Please provide reasons.
5. Did the patient consult any other doctors for these symptoms before he/she consulted you?

B. Details of Critical Illness

6. What is the diagnosis and date of diagnosis of the condition resulting in Renal failure?
7. Please provide the name of doctor and clinic/hospital where the diagnosis was first made.
8. When was the patient first made aware of the diagnosis made?
9. Is there chronic renal failure of both kidneys?
10. Is the renal failure reversible?
11. Has the patient's renal failure reached end-stage? If so, when?
12. Is the patient currently undergoing permanent renal dialysis? If yes, please state type of dialysis and frequency.
13. Has kidney transplantation been performed? If yes, please give details. If no, is surgery planned? Is the patient on the waiting list for kidney transplant?
14. Please provide details of all investigations/test performed and attach copies of all hospital surgical procedures including cystoscopy report, histological, radiological reports (x-rays, pyelograms, etc.) and other relevant hospital reports.

C. Medical History

15. Has the patient previously suffered from kidney disease or any related illnesses? If yes, please provide details.
16. Please give details of the patient's medical history which would have increased the risk of renal disease?
17. Please provide the names of the doctors together with the names and address of the hospital / clinic for which the patient had attended for this condition.
18. Please give details of the patient's family history which would have increased the risk of renal disease (including the relationship, nature of illness, date of diagnosis and source of information).
19. Please give details of the patient's habits in relation to smoking, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.
20. Please give details of the patient's habits in relation to alcohol consumption, including the duration of alcohol consumption per day and source of this information.
21. Does the patient have or ever had any other significant health condition? If yes, please provide details of the condition, including diagnosis, date of diagnosis and treatment received.