

## CRITICAL ILLNESS (CANCER) – STATEMENT OF MEDICAL EXAMINER

- The following named is covered with **ETIQA LIFE INSURANCE BERHAD** against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with **CANCER** and to enable us to assess the claim, we would be obliged if you would complete this Statement of Medical Examiner
- Any fees chargeable for the completion of this form shall be borne by the claimant.

**POLICY NO:**.....

Name of Life Assured: .....

NRIC/Birth Cert No/Passport No: .....

- Are you the Life Assured's usual doctor? ☐ Yes ☐ No
  - If yes, since when the Life Assured has been consulting you? ..... (dd/mm/yyyy)
- Date when Life Assured **first** consulted you for this illness? ..... (dd/mm/yyyy)
  - What were the symptoms presented? .....
  - How long had symptoms been present? .....
  - Please state full and exact diagnosis: .....
  - Date when illness was **first** diagnosed: .....
  - Diagnose was **first** made by (name & address of doctor):.....
  - When was Life Assured **first** informed of the diagnosis? .....(dd/mm/yyyy)
  - Has the Life Assured suffered from this illness or any related illnesses previously? ☐ Yes ☐ No

If yes, please state details

Date of consultation (dd/mm/yyyy)	Diagnosis	Treatment given

- Please state if there is anything in the Life Assured's family history which would have increased the risk of illness  
.....
  - What stage did the disease reach? Please describe by using whichever staging classification is appropriate  
.....
- What was the site or organ involved and the histology of the tumour?  
.....
    - Was it completely localized to the tissue or organ of origin? ☐ Yes ☐ No
    - Was there invasion of adjacent tissues? ☐ Yes ☐ No
    - Was there regional or distant metastasis? ☐ Yes ☐ No

If yes, please describe the extent of regional nodal involvement, and/or extent of distant metastasis: .....

(e) If the diagnosis is leukaemia, please provide details of the actual type: .....

(f) Was a biopsy of tumour performed? ☐ Yes ☐ No

(g) If yes, when was the biopsy of tumour performed? .....(dd/mm/yyyy)

4. Please advise the nature of treatment that has been carried out or of any future intention to do so.

Date (dd/mm/yyyy)	Treatment	Name & address of hospital	Prognosis

5. Has the Life Assured suffered from/been treated for any other illnesses/complaints other than this Critical Illness? ☐ Yes ☐ No

If yes, please give details: .....

6. Did the Life Assured consult other doctors for this illness or its symptoms before he/she consulted you? ☐ Yes ☐ No

If yes, please give details

Date of attendance(dd/mm/yyyy)	Name & address of doctors/hospital	Illness or condition consulted

7. 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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**Please furnish copies of all investigation reports, including biopsy reports, cytology reports, x-rays, CT scans, imaging studies, laboratory evidence, surgical reports, etc. and any relevant medical reports that are available.**

## DECLARATION

I hereby declare that the foregoing answers and statements are complete and true to the best of my knowledge and belief.

Signature : \_\_\_\_\_

Name of Attending Oncologist: \_\_\_\_\_ Professional Qualification(s) : \_\_\_\_\_

Name & Address of Hospital / Clinic : \_\_\_\_\_

Address : \_\_\_\_\_ Official Stamp of Hospital / Clinic

Telephone Number : \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail : \_\_\_\_\_ Date : \_\_\_\_\_