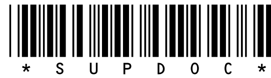

DEATH CLAIM – DOCTOR'S STATEMENT

DOCTOR'S STATEMENT (to be completed by the attending doctor at claimant's expense)

Deceased's particulars	
1) Name of Deceased	
2) NRIC/FIN or Passport No.	3) Date of Birth (ddmmyyyy)
4) Name of Deceased's Company	5) Occupation

Details of Death	
1) Date of Death (ddmmyyyy)	2) Place of Death
3) What was the **Final** Cause of Death?	
4) How long has the illness been existing prior to Death?	
5) Did the Deceased have any symptoms prior to Death? ❐ Yes ❐ No If yes, please state symptoms presented and date symptoms **First** appeared. i) Date symptoms **First** started (ddmmyyyy) ii) Please describe the symptom **First** presented. iii) When did Deceased **First** consult you for the condition? (ddmmyyyy) iv) Date of treatment rendered (ddmmyyyy) v) Nature of treatment rendered.	
6) What is the source of this information? Please specify the name of the person and relationship to the Deceased.	
7) When was the diagnosis leading to the cause of Death **First** diagnosis? (ddmmyyyy)	

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8) Was the Deceased informed of the diagnosis? ❐ Yes ❐ No

If “Yes”, when was the Deceased **First** told? (ddmmyyyy)

9) Was there any predisposing cause of the Deceased’s death in his/her habits (use of alochol, narcotics, etc.), family history, occupation or previous sickness? ❐ Yes ❐ No

If “Yes”, please provide details including the date of commencement and souce of information.

10) Was the cause of death solely due to bodily injury caused by an accident? ❐ Yes ❐ No

If “Yes”, please provide details.

Date of accident (ddmmyyyy)	
Place of accident	
Please describe how the accident occurred	
Please describe the nature and extent of injuries sustained	

11) Was the bodily injury caused by the mentioned Accident above directly or indirectly, wholly or partly caused by or arising from or contributed to by:

i) The influence of alcohol? ❐ Yes ❐ No
If “Yes”, please state blood alcohol content and quantity consumed.

ii) The influence of drug? ❐ Yes ❐ No
If “Yes”, please state drug type and quantity consumed.

iii) Self-inflicted injuries, while sane or insane? ❐ Yes ❐ No

iv) Suicide, while sane or insane? ❐ Yes ❐ No

v) Taking of poison, voluntarily or involuntarily? ❐ Yes ❐ No

vi) Bodily infirmity? ❐ Yes ❐ No

vii) Mental or functional disorder? ❐ Yes ❐ No

viii) Illness or disease of any kind?

ix) Any infection other than an infection occurring simultaneously with and in consequence of a cut or wound of an Accidental Injury? ❐ Yes ❐ No

i) The result of participation in any aerial activity including parachuting and sky diving? ❐ Yes ❐ No

ii) The result of travel in any type of aircraft other than as a crew member or farepaying passenger on a regularly scheduled passenger flight of an international commercial airline? ❐ Yes ❐ No

i) The result of committing, attempting or provoking an assault or crime or any violation of the law? ❐ Yes ❐ No

ii) The result of racing of any kind other than on foot? ❐ Yes ❐ No

iii) The result of participation in any underwater activity? ❐ Yes ❐ No

iv) The result of childbirth, pregnancy and complications thereof? ❐ Yes ❐ No

If any of the conditions listed in Question 11 (iii) to (iv) above is “Yes”, please provide details.

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Deceased's Medical records

1) Did the Deceased suffer from any other illness? ❒ Yes ❒ No

If "Yes", please advise:

Name & Address of Doctor	Date of Diagnosis (ddmmyyyy)	Illness	Date & Type of Treatment

2) Did the Deceased consult any other doctor(s) before consulting you? ❒ Yes ❒ No

If "Yes", please provide details including the name and address of doctor and reason for consultation.

Other information

1) Please provide us with any other additional information that will enable the Company to assess this claim.

2) Please enclose a copy of all investigation reports including specialist reports, hospital reports, laboratory reports and etc that are available.

(i) Computerised tomography scan (CT scan)
(ii) Magnetic resonance imaging (MRI), other imaging studies
(iii) X-Ray
(iv) Operation reports, surgical reports
(v) Referral letters (if any)
(vi) Any other investigation reports

Declaration

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

Signature of Doctor	Address & Offical Stamp of Doctor

Name of Doctor

Date (ddmmyyyy)

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