





(b) Is the illness leading precipitously to liver failure?  Yes  No

If yes, since when? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy

(c) Is the diagnosis in respect of this illness based on the meeting of all of the following criteria?

i. A rapidly decreasing liver size  Yes  No

ii. Necrosis involving entire lobules, leaving only a Collapsed reticular framework.  Yes  No

iii. Rapidly deterioration of liver functions tests  Yes  No

iv. Deepening jaundice  Yes  No

(d) Is the liver disease resulted from any of the following?

i. Directly or indirectly caused by attempted suicide?  Yes  No

ii. Poisoning  Yes  No

iii. Drug overdose  Yes  No

iv. Excessive alcohol ingestion  Yes  No

8. Please comment on whether the diagnosis was supported by the following:

(a) Liver function test to show massive parenchymal liver disease.  Yes  No

If yes, please attach copy of the test and result.

(b) Objective signs of portasystematic encephalopathy.  Yes  No

If yes, please attach copy of the test and result.

9. What is the prognosis of the patient and the treatment plan?

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10. Please provide details of all investigations/tests performed and attach copies of all hospital surgical procedures including cystoscopy report, histological, radiological reports (X-rays, pyelogram etc.), laboratory reports and other relevant hospital reports.

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11. Please provide the names and addresses of all clinics/hospitals to which the patient has been referred to or attended for this condition together with the names of the doctors consulted.

Name of Doctor	Name of Clinic/Hospital	Address

**C. MEDICAL HISTORY**

12. Has the patient previously suffered from Fulminant Viral Hepatitis or any related illnesses?  Yes  No

If yes, please provide details including date of consultations, their resulting diagnosis, the name and address of attending doctor. Please state source of information. \_\_\_\_\_

Date of Consultation	Name and Address of Doctor	Diagnosis

13. Is there anything in the patient's medical history which would have increased the risk of Fulminant Viral Hepatitis?

Yes  No

If yes, please provide details including the date of consultations, their resulting diagnosis, name and address of attending doctor. Please state source of information. \_\_\_\_\_

Date of Consultation	Name / Address of Doctor	Diagnosis

14. Please give details of the patient's family history which would have increased the risk of having Fulminant Viral Hepatitis (including the relationship, nature of illness, date of diagnosis).

Please state source of information. \_\_\_\_\_

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15. 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. Please state source of information. \_\_\_\_\_

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16. Please give details of the patient's habits in relation to alcohol consumption, including the amount of alcohol consumption per day. Please state source of information. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

17. Does the patient have or ever had any other significant health condition(s)?  Yes  No

If yes, please provide details including dates of consultations, their resulting diagnosis, the name and address of attending doctor. Please state source of information. \_\_\_\_\_

Date of Consultation	Name / Address of Doctor	Diagnosis

**D. ADDITIONAL INFORMATION**

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

\_\_\_\_\_  
\_\_\_\_\_

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**I hereby certify that the above statements are true and complete to the best of my knowledge and belief.**

\_\_\_\_\_  
**Name of Attending Physician (Please print)**

\_\_\_\_\_  
**Degree/Specialty**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**PRC Number / PTR Number**

\_\_\_\_\_  
**Telephone Number (s)**

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**To the Attending Physician :** You may use additional sheets if more space is needed for the above information requested. If you wish, please send the form directly to Claims & Settlement Department with office address shown below.