





- ii. Was there invasion of adjacent tissues? Yes  No
- iii. Were regional lymph nodes involved?  Yes  No
- iv. Were there distant metastases? If yes, please provide full details, including site of any metastases, etc.  Yes  No

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- (d) If the diagnosis is leukemia, please provide details of actual type.

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- (e) In the case of a malignant melanoma, please give full details of size, thickness (Breslow Classification) and depth of invasion.

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8. Please provide full details of all treatment provided (e.g. surgery, chemotherapy, radiotherapy, etc.), including dates and duration of each treatment.

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9. Was biopsy of the tumor performed?  Yes  No

If yes, what was the result? \_\_\_\_\_

10. 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.

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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.

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### C. MEDICAL HISTORY

12. Has the patient ever had any malignant, premalignant or other related conditions or risk factors?  Yes  No

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

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13. Is there anything in the patient's medical history which would have increased the risk of Cancer?  Yes  No

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

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14. 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. 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. \_\_\_\_\_

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

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**D. OTHERS**

18. Is the condition carcinoma-in-situ?  Yes  No

19. Is the condition premalignant or non-invasive?  Yes  No



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- 20. Is the condition Cervical Dysplasia CIN 1, CIN 2, CIN 3?  Yes  No
- 21. Is the condition Hyperkeratoses, basal cell and squamos skin cancers?  Yes  No
- 22. Is the condition melanoma of less than 1.5 mm Breslow thickness or less than Clark Level 3?  Yes  No

**E. ADDITIONAL INFORMATION**

23. Please provide us with any other additional information that will enable the Company to assess the 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)**

**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.