* S U P D O C *

Singlife

Critical Illness Claim - Doctor's Statement
Open Heart Heart Valve Surgery / Percutaneous Valve Surgery / Infective Endocarditis

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

A) Patient's Particulars

Name of Patient	Gender
NRIC/FIN or Passport No.	Date of Birth (ddmmyyyy)

B) Patient's Medical Records

1) Please indicate the period that is documented in the hospital/clinic's record:

(i) Date of **First** Consultation (ddmmyyyy)

(ii) Date of **Last** Consultation (ddmmyyyy)

(iii) Number of consultations during the above period:

(iv) Name of hospital/clinic and reason(s) for consultations (with dates):

2) Are you the patient's usual medical doctor? ❒ Yes ❒ No

If "Yes", since when? (ddmmyyyy)

If "No", please provide name and address of the patient's regular doctor.

3) Was the patient referred to you? ❒ Yes ❒ No

If "Yes", please provide:

(i) Date referred (ddmmyyyy)

(ii) Reason for referral:

(iii) Name and address of referring doctor:

If "No", please indicate how the patient came to consult at your hospital/clinic? (e.g. A&E)

4) Have you referred the patient to any other doctor? ❒ Yes ❒ No

(i) Date referred (ddmmyyyy)

(ii) Reason for referral:

(iii) Name and address of doctor referred to:

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

5) Does the patient have or ever have had any significant health conditions, medical history, or any illness (e.g. tumour, hypertension, other Vascular Disease, Rheumatic Fever, diabetes, hyperlipidaemia, etc.)? ❒ Yes ❒ No

If "Yes", please provide:

Details of symptoms	Exact diagnosis	Date diagnosed	Treatment

6) Name and address of doctor whom the patient consulted for the condition(s) stated in Question 5) above.

7) What is your source of the above information?

8) Please give details of the patient's past and present **smoking** habits, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.

No. of years of smoking	No. of sticks per day	Source of information

9) Please give details of the patient's **alcohol consumption** habits, including the amount of the alcohol consumption, frequency, and the source of this information.

Type of alcohol	Quantity per Consumption	Frequency (per week / month, etc)	Source of information

C) Details of Illness

1) Please provide details of the condition:

(i) Date the patient **First** consulted you for the condition (ddmmyyyy) | | | | | | | | |

(ii) Details of symptom(s) presented during the **First** consultation.

(iii) Date of onset of these symptoms (ddmmyyyy) | | | | | | | | |

(iv) What is/are the underlying cause(s) of the symptoms?

(v) **Final** Diagnosis of the condition:

(vi) ICD-10 Code:

(vii) Date of **First** Diagnosis (ddmmyyyy) | | | | | | | | |

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

(viii) Date the patient **First** became aware of the illness/condition (ddmmyyyy)

(ix) Is the diagnosis due to heart valve abnormalities? ❒ Yes ❒ No

If "Yes", please provide date of onset of the heart valve abnormalities? (ddmmyyyy)

2) Please provide full details and results of all **investigation** (with dates) performed for the diagnosis.
Also, please **attach** a copy of all relevant test reports including **cardiac catheterisation, echocardiogram etc.**

3) Is the diagnosis of heart valve abnormalities supported by **cardiac catheterisation**? ❒ Yes ❒ No
If "Yes", please provide copy of the **cardiac catheterisation** report.

4) Is the diagnosis of heart valve abnormalities supported by **echocardiogram**? ❒ Yes ❒ No
If "Yes", please provide copy of the **echocardiogram** report.

5) Name and address of the doctor who **First** diagnosed the patient with the condition.

6) (i) Was surgery performed to replace or repair the heart valve abnormality? ❒ Yes ❒ No
If "Yes", please advise:

(ii) Date of the surgery (ddmmyyyy)

(iii) Name of the surgery performed:

(iv) Was the surgery performed a form of an open-heart surgery? ❒ Yes ❒ No
If "Yes", was the open-heart surgery an incision on the heart for the direct visual replacement or repair of the heart valve abnormalities? ❒ Yes ❒ No

If "No", please state exact form of intervention.

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

(v) Was the surgery performed via endoscopic or keyhole surgery? ❒ Yes ❒ No

(vi) Was the surgery performed via catheterisation? ❒ Yes ❒ No

(vii) Was there involvement of percutaneous valve surgery where the procedure is performed via minimally invasive or intravascular catheter-based techniques? ❒ Yes ❒ No

If "Yes", please provide details.

(viii) What were the name of surgeon(s) who performed the surgery, and the name and address of the hospital at which surgery was performed?

(ix) Was the surgery considered medically necessary by the consultant cardiologist? ❒ Yes ❒ No

If "Yes", please provide the basis of your evaluation, including the full and exact details of the heart disease that require heart valve surgery.

Please **attach** a copy of the cardiac catheterisation and/or echocardiogram, and other hospital, laboratory, and test results.

7) Was the patient diagnosed of Infective Endocarditis? ❒ Yes ❒ No

If "Yes", please advise:

(i) Was the Infective Endocarditis supported by blood culture report(s) where there is presence of the infectious organism(s)? ❒ Yes ❒ No

If "Yes", please provide details.

(ii) Was there presence of the following which attributable to Infective Endocarditis

a) moderate heart valve incompetence (heart valve regurgitant) ❒ Yes ❒ No
b) moderate heart valve stenosis ❒ Yes ❒ No
c) mild heart valve incompetence (heart valve regurgitant ❒ Yes ❒ No
d) mild heart valve stenosis ❒ Yes ❒ No
e) Others ❒ Yes ❒ No

If "Yes" to (e), please state:

8) Please describe the patient's current condition.

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

9) Was the patient admitted at the hospital for treatment of the diagnosis? ❒ Yes ❒ No

If "Yes", please advise:

Name of the hospital		
Admission Date and Time (ddmmyyyy; hh:mm)		
Discharge Date and Time (ddmmyyyy; hh:mm)		
Name of the hospital		
Admission Date and Time (ddmmyyyy; hh:mm)		
Discharge Date and Time (ddmmyyyy; hh:mm)		

10) Was the patient admitted to Intensive Care Unit (ICU) for treatment of the diagnosis? ❒ Yes ❒ No

If "Yes", please advise:

Name of the hospital		
Admission Date and Time (ddmmyyyy; hh:mm)		
Discharge Date and Time (ddmmyyyy; hh:mm)		
Name of the hospital		
Admission Date and Time (ddmmyyyy; hh:mm)		
Discharge Date and Time (ddmmyyyy; hh:mm)		

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

11) Is the patient's diagnosis or surgery directly or indirectly, wholly or partly caused by, arising from, or contributed to by any of the following?

(i) Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) infection? ❒ Yes ❒ No

If "Yes", please advise:

Date of Diagnosis of AIDS/HIV (ddmmyyyy)

Date the patient First became aware of the condition (ddmmyyyy)

(ii) Wilful misuse of alcohol? ❒ Yes ❒ No

(iii) Wilful misuse of drugs? ❒ Yes ❒ No

(iv) Congenital anomaly or defect? ❒ Yes ❒ No

If "Yes", please provide full details including reasons for the result of blood alcohol concentration, name of drugs, quantity consumed, diagnosis date, name of doctor and hospital/clinic where the patient was **First** diagnosed with or AIDS, wilful misuse of alcohol, wilful misuse of drugs or congenital anomaly or defect.

Please provide a copy of the relevant test result(s).

D) Other Information

1) What is the prognosis of the patient's condition?

2) Is there anything in the patient's **lifestyle** or **personal medical history** that may have increased the risk of the condition? ❒ Yes ❒ No

If "Yes", please advise:

Type of Lifestyle / Exact diagnosis	Date of diagnosis	Name of doctor & Address of hospital/clinic

3) Is there anything in the patient's **family history** that may have increased the risk of the condition? ❒ Yes ❒ No

If "Yes", please advise:

Relationship with patient	Nature of condition	Age of onset	Source of information

4) Have active treatment and therapy now been rejected in favour of relief of symptoms? ❒ Yes ❒ No

If "Yes", please provide full details and explain the reason for this course of action.

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

5) Based on the **Last** consultation and despite all reasonable medical treatment, is the condition highly likely to lead to death within the next:

(i) Six (6) months? ❒ Yes ❒ No

(ii) Twelve (12) months? ❒ Yes ❒ No

If "Yes" to (i) and/or (ii), please advise:

a) Medical treatment(s) that had been provided to the patient

b) Prognosis after undergoing the mentioned medical treatment(s)

c) Any other details on the basis of your evaluation.

6) Please describe and elaborate on the nature and severity of the patient's **physical** disability and limitation(s).

7) Please describe and elaborate on the nature and severity of the patient's **mental** disability and limitation(s), including the degree of cognitive and/or intellectual impairment.

8) (i) Is the patient mentally incapacitated? ❒ Yes ❒ No

(ii) If the patient is mentally incapacitated, is he/she mentally capable of receiving or handling money? ❒ Yes ❒ No

9) Are you aware of any other doctor(s), in Singapore or overseas, whom the patient consulted for the **condition or any other related diseases**? ❒ Yes ❒ No

If "Yes", please advise:

Name of doctor and Address of hospital/clinic	Date of **First** & **Last** consultation	Reasons for consultation

10) Is the patient still on follow-up at your hospital/clinic? ❒ Yes ❒ No

If "Yes", please state date of next appointment (ddmmyyyy) | | | | | | | | |

If "No", please state date of discharge (ddmmyyyy), if any. | | | | | | | | |

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8

11) Please provide us with any other additional information that may assist the Company in assessing this claim.

Please enclose copies of all investigation reports including specialist, hospital and laboratory reports. Where applicable, please provide the following:

(i) Blood culture reports
(ii) Blood test reports
(iii) Cardiac catheterisation reports
(iv) Computerised tomography scan (CT scan)
(v) Echocardiogram reports
(vi) Magnetic resonance imaging (MRI), other imaging studies
(vii) Operation reports, surgical reports
(viii) Referral letters (if any)
(ix) Any other investigation reports

E) 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)	

Singapore Life Ltd. • singlife.com
Company Reg. No.: 196900499K GST Reg. No.: MR-8500166-8