

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

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

9. Was a biopsy of the tumour performed? Yes No

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.

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.

C. MEDICAL HISTORY

12. Has the patient ever had any malignant, pre-malignant 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 and source of information.

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 and source of information.

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 and source of information).

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 and source of this information.

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

17. Does the patient have or ever had any other significant health condition(s)? Yes No
If yes, please provide details of the condition, including diagnosis, date of diagnosis, duration of condition(s) and treatment received.

D. OTHERS

18. Is the condition carcinoma-in-situ? Yes No
19. Is the condition pre-malignant or non-invasive? Yes No
20. Is the condition Cervical Dysplasia CIN 1, CIN 2, CIN 3? Yes No
21. Is the condition Hyperkeratoses, basal cell and squamous skin cancers? Yes No

22. Is the condition melanoma of less than 1.5mm Breslow thickness or less than Clark Level 3? Yes No
23. Is the condition Prostatic cancer described as TNM classification T1 (T1a or T1b) or another equivalent or lesser classification? Yes No
24. Is the condition Papillary Carcinoma of the Thyroid of less than 1 cm in diameter? Yes No
25. Is the condition Papillary Carcinoma of the Bladder of less than RAI Stage 3? Yes No
26. Is the condition Chronic Lymphocytic Leukaemia of less than RAI Stage 3? Yes No
27. Is the tumour in the presence of HIV infection?
If yes, what is the HIV antibody status? Yes No

E. ADDITIONAL INFORMATION

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

Signature of Doctor**Date****Name and Qualification (printed)****Address & Official Stamp**