

9. Please provide details of all investigations/test performed and attach copies of results of any investigations performed, e.g., CT scans, MRI report, surgical reports, histopathology reports, neurological reports, other imaging studies, laboratory evidence etc. and any other relevant hospital reports.

10. 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

11. Has the patient previously suffered from the conditions specified above or any related illnesses? Yes No

If "YES", please give date of diagnosis, their 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 Encephalitis? 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's medical history that would have increased the risk of Encephalitis (including the relationship, 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. ADDITIONAL INFORMATION

18. 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