





8. Please provide full details of tests and results which have been performed to establish the diagnosis of End Stage Liver Failure, and attach copies of all relevant hospital reports, laboratory and test results, including liver biopsy, liver function test, ultrasound, MRI, and other imaging studies.

9. Please describe the extent of the liver failure.

(a) Has the patient's liver disease reached end stage?  Yes  No

If yes, please provide date.

\_\_\_ / \_\_\_ / \_\_\_  
dd mm yyyy

(b) (I) How long has the patient been affected by jaundice?

(II) Is there permanent jaundice?  Yes  No

(c) Was there ascites?  Yes  No

If yes, please provide date detected and mode of detection (clinical, paracentesis etc.)

(d) Is there hepatic encephalopathy?  Yes  No  
If yes, please give full details.

10. Please provide details of treatment administered.

11. What is the current condition of the patient?

12. What is the prognosis?

13. Is liver disease secondary to alcohol or drug abuse?  Yes  No  
If yes, please provide full details.

14. 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

15. Has the patient previously suffered from any illness related to the present condition?  Yes  No  
If yes, please give dates of consultations, the resulting diagnosis, the name and address of attending doctor and source of information.

16. Is there anything in the patient's medical history which would have increased the risk of Chronic Liver Disease?  Yes  No  
If yes, please provide full details including the date of diagnosis, name and address of attending doctor and source of information.

17. Please give details of the patient's family history which would have increased the risk of Chronic Liver Disease (including the relationship, nature of illness, date of diagnosis and source of information).

18. 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.

19. 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.

20. 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**

21. 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**