

9. (a) What were the ECG findings indicative of new myocardial infarct? Please provide details.

- (b) Was there a current history of typical chest pain and/or shortness of breath? Yes No

- (c) Was there death of a portion of the heart muscle?
If yes, please provide details. Yes No

- (d) Was there a diagnostic elevation of cardiac enzyme CK-MB?
If yes, please provide details. Yes No

- (e) Was there a diagnostic elevation of Troponin (T or I)?
If yes, please provide details. Yes No

- (f) Was there a diagnostic elevation of any other cardiac enzymes?
If yes, please provide details. Yes No

10. What was the left ventricular ejection fraction at initial diagnosis? Please provide date of test and specification of type of test.

11. Was there left ventricular ejection fraction of less than 50% measured three months or more after the event? If yes, please provide date of test, specification of type of test and test results. Yes No

12. Please provide details of all investigations/tests performed and enclose copies of all reports, e.g. resting ECGs, exercise stress tests, cardiac enzyme assays, imaging, coronary angiography, echocardiography, myocardial perfusion scans and other relevant hospital reports.

13. 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

14. Is there anything in the patient's medical history which would have increased the risk of Heart Attack? If yes, please give dates of consultations, the resulting diagnosis, the name and address of attending doctor and source of information. Yes No

15. Please give details of the patient's family history which would have increased the risk of a heart attack (including the relationship, nature of illness, date of diagnosis and source of information).

16. 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.

17. 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.

18. Does the patient have or ever had any other significant health condition(s)?
If yes, please provide details of the condition, including diagnosis, date of diagnosis, duration of condition(s) and treatment received.

Yes

No

D. ADDITIONAL INFORMATION

19. 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