

ATTENDING PHYSICIAN'S STATEMENT **CRITICAL ILLNESS (CANCER / MAJOR CANCERS)**

Name				NRIC Number	
					25
Policy	Number (s)			Claim Number	
					50)
health.		I in connection with C	ANCER / MAJOR	ingent events associated with his/her R CANCERS. To enable us to assess the form.	e
Α.	GENERAL INFORMATION	N			
1.	Are you the patient's usual me	dical doctor?		Yes No	
	If yes, over what period do you	ur records extend to?			
	Start date/_/ mm	dd yyyy	End date	dd dd yyyy	
2.	When did the patient first cons	sult you for this condition		mm /	
3.	Please state symptoms preser	nted and date symptoms	first appeared.		
	Symptoms Presented	at First Consultation	Date \$	Symptoms First Started (DD/MM/YYYY)	
					=
	What / who is the source of thi	s information?			9
4.	In your opinion, what were the	likely durations of the p	atient's symptoms?	Please provide reasons.	
5.	Did the patient consult any ot If yes, please provide details	her doctors for these syr below.	mptoms b <u>efore h</u> e/sl	he consulted you? Yes] No
	Name of Doo	tor	Name o	of Clinic / Hospital and Address	
	3	-			
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В. **DETAILS OF CRITICAL ILLNESS**

6.	(a)	What is the diagnosis? Please provide full details of the diagnosis.
	(b)	Date of diagnosis//
	(c)	Please provide the name and address of doctor and clinic/hospital where the diagnosis was first made.
	(d)	Date when patient was first made aware of the diagnosis / ddmmyyyy
7.	(a)	What was the site or organ involved?
	(b)	What is the histological diagnosis of the disease (please provide histology of the tumour)?
	(c)	What is the staging of the tumour? Please provide full details using appropriate staging classification (e.g. TNM Classification, etc.).
		(i) Was the disease completely localised? Yes No
		(ii) Was there invasion of adjacent tissues? Yes No
		(iii) Were regional lymph nodes involved?
		(iv) Were there distant metastases? If yes, please provide full details, including site of any metastases, etc. Yes No
	(d)	If the diagnosis is leukemia, please provide details of actual type.

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(e)	In the case of a malignant melanoma, please give full details of size, thickness (Breslow Classification) and depth of invasion.
	provide full details of all treatment provided (e.g. surgery, chemotherapy, radiotherapy, etc.), including dates in of each treatment.
Was a	biopsy of the tumour performed? Yes No
histopa	provide details of all investigations performed and enclose copies of all reports, e.g. biopsy reports, cytology and thology reports, X-rays, CT and MRI scans, other imaging studies, laboratory evidence, surgical reports and continuous thought the ports.
Plana	provide the names and addresses of all alining/hospitals to which the nations has been referred to an attendage
this cor	provide the names and addresses of all clinics/hospitals to which the patient has been referred to or attended addition together with the names of the doctors consulted.
Has the	e patient ever had any malignant, pre-malignant or other related conditions or risk factors? Yes please give dates of consultations, the resulting diagnosis, the name and so of attending doctor and source of information.
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Is there anything in the patient's medical history which would have increased the If yes, please provide full details including the date of diagnosis, name and addredoctor and source of information.	e risk of Cancer? ess of attending	Yes
Please give details of the patient's family history, which would have increased the the patient, nature of illness, date of diagnosis and source of information).	e risk of cancer (inc	luding relationshi
Please give details of the patient's habits in relation to past and present smoking habits, number of cigarettes smoked per day and source of this information.	g, including the dura	tion of smoking
Please give details of the patient's habits in relation to alcohol consumption, incl consumption per day and source of this information.	uding the amount of	f alcohol
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
OTHERS		
Is the condition carcinoma-in-situ?	Yes	☐ No
Is the condition pre-malignant or non-invasive?	Yes	☐ No
	Yes	□ No
Is the condition Cervical Dysplasia CIN 1, CIN 2, CIN 3?	1es	140

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	the condition melanoma of less than 1.5mm Breslow thickness or less an Clark Level 3?		Yes	L No
	the condition Prostatic cancer described as TNM classification (T1a or T1b) or another equivalent or lesser classification?		Yes	No.
ls	the condition Papillary Carcinoma of the Thyroid of less than 1 cm in d	diameter?	Yes	□ No
ls t	the condition tumour of Urinary Bladder histologically classified as T1N0 assification) or lesser?	OMO (TNM	Yes	No.
ls	the condition Chronic Lymphocytic Leukaemia of less than RAI Stage	3?	Yes	No
	the tumour in the presence of HIV infection? yes, what is the HIV antibody status?		Yes	□ No
Al	DDITIONAL INFORMATION			
	ease provide us with any other additional information that will enable th	ne Company	/ to assess this cla	aim.
PΙ				
Ple	· ·			
Ple				
	gnature of Doctor	Date		
		Date		
		Date		
			a & Official Stam	p
			& Official Stam	p
Sig			s & Official Stam	p
Sig	gnature of Doctor		& Official Stam	p
Sig	gnature of Doctor		: & Official Stam	p
Sig	gnature of Doctor		& Official Stam	p
Sig	gnature of Doctor		& Official Stam	p

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