5) Has active treatment and therapy now been rejected in favour of relief of symptoms? If "Yes", please provide full details why this view / course of action is taken.	❒ Yes ❒ No
6) Can you confirm that the advent of death is highly probable within: (i) six (6) months? (ii) twelve (12) months? If "Yes", please describe and provide relevant medical reports that support this view.	❒ Yes ❒ No ❒ Yes ❒ No
7) Please provide us with any other additioanl information that will enable the Company to assess this claim.	
8) Please enclose a copy of all reports including specialist or hospital reports, laboratory evidence, magnetic resonace image, computed tomography, surgical report, etc. that are available.	

E) Declaration

I hereby declare that the above answers are true to the best of my knowledge and belief.

Signature of Doctor	Address & Offical Stamp of Doctor
Name of Doctor	
Date (ddmmyyyy)	