



**EARLY STAGE & ADVANCED STAGE CRITICAL ILLNESS**  
**PERINGKAT AWAL & PERINGKAT AKHIR PENYAKIT KRITIKAL**  
**CONFIDENTIAL MEDICAL CERTIFICATE HEART RELATED CONDITIONS**  
**SIJIL PERUBATAN SULIT KEADAAN BERKAITAN PENYAKIT JANTUNG**

The below named is insured with us against the happening of a certain contingent event associated with his/her health. A claim has been submitted in connection with his/her illness/injury. To enable us to assess the claim, we would be grateful for your co-operation in the completion of this form.  
*Orang yang namanya dinyatakan dibawah diinsuranskan dengan kami terhadap kejadian tertentu yang berlaku. Satu tuntutan yang berkaitan dengan penyakit/kecederaan telah di serah kepada kami dan untuk membolehkan kami memproses tuntutan tersebut, kami menghargai kerjasama anda melengkapkan borang ini.*

Note: This form is to be completed at the Patient's expense. *Borang ini untuk diisi atas perbelanjaan Pesakit.*

|     |  |  |   |   |   |
|-----|--|--|---|---|---|
| 1.  | (a)  | Name of Patient / <i>Nama Pesakit</i>  |   |   |   |
|     | (b)  | The Patient's identity card number from your records. / <i>Nombor kad pengenalan Pesakit daripada rekod anda.</i>  |   |   |   |
| 2.  | (a)  | Are you the Patient's usual medical attendant? / <i>Adakah anda doktor yang biasa bagi Pesakit?</i>  | <input type="checkbox"/> Yes / <i>Ya</i>  | <input type="checkbox"/> No / <i>Tidak</i>    |   |
|     | (b)  | If yes, for how long? / <i>Jika ya, sudah berapa lama?</i>   | DD<br>_____ HH  | MM<br>_____ BB                                | YY<br>_____ TT  |
|     | (c)  | If not, please provide the name and address of the usual medical attendant if known to you. / <i>Jika tidak, sila berikan nama dan alamat doktor yang biasa jika anda tahu.</i>  |   |   |   |
|     | (d)  | Has the Patient previously suffered from or been detected to have hypertension, diabetes, angina, hyperlipidaemia, cardiovascular disease, transient ischaemic attack, neurological disorders, renal disease, hepatitis B or C, autoimmune disorder, pre-malignant condition, cancer or any other significant illnesses? / <i>Pernahkah sebelum ini Pesakit mengalami atau telah dikesan mempunyai tekanan darah tinggi, kencing manis, angina, hiperlipidemia, penyakit kardiovaskular, serangan iskemia sementara, gangguan neurologi, penyakit buah pinggang, hepatitis B atau C, gangguan autoimun, keadaan pra- malignan, kanser atau penyakit lain yang penting?</i> | <input type="checkbox"/> Yes / <i>Ya</i> <input type="checkbox"/> No / <i>Tidak</i> |   |   |
|     |  | If "YES", please provide the following: / <i>Jika "YA", sila berikan maklumat berikut:</i>   |   |   |   |
|     |  | Medical Condition<br><i>Keadaan Perubatan</i>  | Date of Diagnosis<br><i>Tarikh Diagnosis</i>  | Medical Treatment<br><i>Rawatan perubatan</i> | Name and address of the treating doctor<br><i>Nama dan alamat doctor yang merawat</i> |
|     |  |  |   |   |   |
|     |  |  |   |   |   |
|     |  |  |   |   |   |
| 3.  | Medical Details / <i>Butir Perubatan</i>   |  |   |   |   |
| (a) | Date you were first consulted for this condition. / <i>Tarikh kali pertama keadaan ini dirujuk kepada anda.</i>  | DD<br>_____ HH   | MM<br>_____ BB  | YY<br>_____ TT                                |   |
| (b) | What were the symptoms complaint of and the duration of the symptoms when you were first consulted? / <i>Apakah gejala-gejala yang wujud dan berapa lama gejala ini telah wujud pada kali pertama dirujuk kepada anda?</i> |  |   |   |   |



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|     |   |   |
|-----|---|---|
| (c) | <p>How long has the complaints/symptoms and signs been present? / <i>Berapa lamakah aduan/gejala-gejala dan tanda-tanda telah hadir?</i></p> <p>(i) According to the Patient / <i>Menurut Pesakit</i></p> <p>(ii) In your professional opinion<br/><i>Menurut pendapat profesional anda</i></p>   | <p>(i) Since _____<br/>(DD/MM/YYYY / HH/BB/TTTT)</p> <p>(ii) _____<br/>(Please state / <i>Sila nyatakan</i><br/>days/weeks/months / <i>hari/minggu/bulan</i>)</p>   |
| (d) | <p>Please provide full and exact details of the diagnosis. / <i>Sila nyatakan butir diagnosis dengan lengkap dan tepat.</i></p>   |   |
| (e) | <p>Date and time when the illness was FIRST diagnosed. / <i>Tarikh dan masa apabila penyakit itu kali PERTAMA didiagnosis.</i></p>  | <p>DD MM YY at am / pm<br/>____ HH ____ BB ____ TT pada pagi / ptg</p>  |
| (f) | <p>What was the underlying cause of the diagnosis?<br/><i>Apakah sebab diagnosis nya?</i></p>   |   |
| (g) | <p>Name and address of the doctor who first diagnosed Patient with the illness. / <i>Nama dan alamat doctor yang pertama kali menghidapi Pesakit dengan penyakit.</i></p>   |   |
| (h) | <p>Type of investigations / tests done to confirm the diagnosis. / <i>Jenis penyiasatan / ujian yang dilakukan untuk mengesahkan diagnosis.</i></p>   |   |
| (i) | <p>Please give details of completed, planned or current treatment for the illness stated above.<br/><i>Sila beri butiran rawatan lengkap, terancang atau semasa untuk penyakit yang dinyatakan di atas.</i></p>   |   |
| (j) | <p>Which of the following factors are present? If yes, please provide date of onset. / <i>Mana satu di antara faktor-faktor berikut hadir? Jika ya, sila nyatakan tarikh permulaan.</i></p> <p>(i) Hypertension / <i>Hipertensi</i></p> <p>(ii) Diabetes Mellitus / <i>Diabetes Mellitus</i></p> <p>(iii) Hyperlipidemia / <i>Hiperlipidemia</i></p> <p>(iv) Others, please specify / <i>Lain-lain, sila nyatakan</i></p> | <p><input type="checkbox"/> Yes / <i>Ya</i>    <input type="checkbox"/> No / <i>Tidak</i></p> <p>DD MM YYYY<br/>____ HH ____ BB ____ TTTT</p> <p><input type="checkbox"/> Yes / <i>Ya</i>    <input type="checkbox"/> No / <i>Tidak</i></p> <p>DD MM YYYY<br/>____ HH ____ BB ____ TTTT</p> <p><input type="checkbox"/> Yes / <i>Ya</i>    <input type="checkbox"/> No / <i>Tidak</i></p> <p>DD MM YYYY<br/>____ HH ____ BB ____ TTTT</p> <p>DD MM YYYY<br/>____ HH ____ BB ____ TTTT</p> |



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|  |  |   |   |  |     |      |      |      |       |    |    |
|--|--|---|---|--|-----|------|------|------|-------|----|----|
| (k)  | Please attach certified true copies of all the relevant investigation results, laboratory test results and all relevant reports. / Sila lampirkan salinan yang disahkan semua hasil siasatan yang relevan, keputusan ujian makmal dan semua laporan yang berkaitan.  | <input type="checkbox"/> Echocardiogram, Electrocardiogram, Coronary Angiogram reports / <i>Echocardiogram, Elektrokardiogram, laporan Angiogram Coronary</i><br><input type="checkbox"/> Blood and Laboratory test results - CKMB, Troponin T, etc / <i>Keputusan ujian Darah dan Makmal - CKMB, Troponin T, dan sebagainya</i><br><input type="checkbox"/> All imaging reports / <i>Semua laporan pengimejan</i><br><input type="checkbox"/> All surgical reports - Coronary Artery Bypass Graft report, PTCA, Aorti surgery report etc / <i>Semua laporan pembedahan - Laporan Koprupsi Koronari Arteri, PTCA, Aortik pembedahan report dan lain-lain</i><br><input type="checkbox"/> Any relevant hospital reports, to specify <i>Sebarang laporan hospital yang berkaitan, sila dinyatakan</i> |   |  |     |      |      |      |       |    |    |
| 4. Please provide name and address of all doctor(s) or hospitals to whom or to which the Patient was referred to or attended to for this condition, including referrals or non-referrals. / Sila berikan nama dan alamat semua doctor atau semua hospital yang kepadanya atau yang mana Pesakit dirujuk atau dirawat untuk keadaan ini, termasuk rujukan atau bukan rujukan. |  |   |   |  |     |      |      |      |       |    |    |
|  | Date / <i>Date</i>   | Name of Doctor / <i>Nama Doktor</i>   |   |  |     |      |      |      |       |    |    |
|  |  | Hospital Name & Address / <i>Nama &amp; Alamat Hospital</i>   |   |  |     |      |      |      |       |    |    |
|  |  |   |   |  |     |      |      |      |       |    |    |
|  |  |   |   |  |     |      |      |      |       |    |    |
|  |  |   |   |  |     |      |      |      |       |    |    |
| 5. For illness of Heart Attack ONLY / <i>Untuk Penyakit Serangan Jantung SAHAJA</i>  |  |   |   |  |     |      |      |      |       |    |    |
| (a)  | For illness of Heart Attack / Myocardial Infarction, please give the details of investigations / tests done that confirm the diagnosis. / <i>Untuk Penyakit Serangan Jantung, sila berikan butiran-butiran penyiasatan / ujian-ujian yang mengesahkan diagnosis.</i> | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; text-align: center;">Date &amp; Time<br/><i>Tarikh &amp; Masa</i></td> <td style="width: 70%; text-align: center;">Investigations / tests<br/>result / <i>Siasatan / keputusan ujian</i></td> </tr> <tr> <td style="text-align: center;">(i)</td> <td></td> </tr> <tr> <td style="text-align: center;">(ii)</td> <td></td> </tr> <tr> <td style="text-align: center;">(iii)</td> <td></td> </tr> </table>   | Date & Time<br><i>Tarikh &amp; Masa</i> | Investigations / tests<br>result / <i>Siasatan / keputusan ujian</i> | (i) |      | (ii) |      | (iii) |    |    |
| Date & Time<br><i>Tarikh &amp; Masa</i>  | Investigations / tests<br>result / <i>Siasatan / keputusan ujian</i>   |   |   |  |     |      |      |      |       |    |    |
| (i)  |  |   |   |  |     |      |      |      |       |    |    |
| (ii)   |  |   |   |  |     |      |      |      |       |    |    |
| (iii)  |  |   |   |  |     |      |      |      |       |    |    |
|  | (i) Cardiac marker (CK / CPK-MB / Troponin T or I)<br><i>Penanda jantung (CK / CPK-MB / Troponin T or I)</i>   |   |   |  |     |      |      |      |       |    |    |
|  | (ii) ECG / <i>ECG</i>  |   |   |  |     |      |      |      |       |    |    |
|  | (iii) Echo / others<br><i>Echo / lain-lain</i>   |   |   |  |     |      |      |      |       |    |    |
| (b)  | Date of Heart Attack. / Acute Myocardial Infarction.<br><i>Tarikh Serangan Jantung. / Infarksi Myocardial Akut.</i>  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">DD</td> <td style="width: 33%; text-align: center;">MM</td> <td style="width: 33%; text-align: center;">YY</td> </tr> <tr> <td style="text-align: center;">____</td> <td style="text-align: center;">____</td> <td style="text-align: center;">____</td> </tr> <tr> <td style="text-align: center;">HH</td> <td style="text-align: center;">BB</td> <td style="text-align: center;">TT</td> </tr> </table>   | DD                                      | MM   | YY  | ____ | ____ | ____ | HH    | BB | TT |
| DD   | MM   | YY  |   |  |     |      |      |      |       |    |    |
| ____   | ____   | ____  |   |  |     |      |      |      |       |    |    |
| HH   | BB   | TT  |   |  |     |      |      |      |       |    |    |
| (c)  | Was there a history of prolonged chest pain? If "Yes", please provide the date and time of first onset of chest pain. / <i>Adakah terdapat sejarah sakit dada yang berpanjangan? Jika "Ya", sila berikan tarikh dan masa timbul sakit dada.</i>                      | <input type="checkbox"/> Yes / <i>Ya</i> <input type="checkbox"/> No / <i>Tidak</i><br>DD    MM    YY at am / pm<br>____ HH ____ BB ____ TT pada pagi / ptg   |   |  |     |      |      |      |       |    |    |





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|--|-------------------------|---|--|
| 7. For Serious Coronary Artery Disease ONLY / Untuk Penyakit Arteri Koronari Serius SAHAJA   |                         |   |  |
| (a) Please specify the coronary arteries involved and the percentage of stenosis.<br>Sila nyatakan arteri koronari yang terlibat dan peratusan stenosis.   |                         |   |  |
| Majo Coronary Artery / Arteri Koronari Utama   |                         | Stenosis / Stenosis   |  |
|  |                         | YES   | NO   |
| Left Main Stem / Kiri Stem Utama   |                         |   |  |
| Left Anterior Descending Artery<br>Anterior Kiri Descending Arteri   |                         |   |  |
| Left Circumflex Artery / Arteri Circumflex Kiri  |                         |   |  |
| Right Coronary Artery / Arteri Koronari Kanan  |                         |   |  |
| If other than above, please specify in details. / Jika selain daripada di atas, sila nyatakan secara terperinci  |                         |   |  |
|  |                         |   |  |
| (b) Was coronary arteriography performed? If "Yes", please provide the date performed, name of medical center where it was performed and enclose copies of results.<br>Adakah arteriografi koronari dilakukan? Jika "Ya", sila berikan tarikh yang telah dibuat, nama pusat perubatan di mana ia telah dilakukan dan sertakan salinan keputusan. |                         | <input type="checkbox"/> Yes / Ya <input type="checkbox"/> No / Tidak<br>DD                      MM                      YY<br>HH                      BB                      TT |  |
|  |                         | Medical Centre / Pusat Perubatan  |  |
| 8. For Angioplasty And Other Invasive Treatments For Coronary Artery Disease / Coronary Artery By-Pass Surgery ONLY<br>Untuk Angioplasti Dan Rawatan Invasif Lain Untuk Penyakit Arteri Koronari / Pembedahan Pintasan Arteri Koronari   |                         |   |  |
| (a) Please give details of procedure / surgery performed and enclose copy of surgery report.<br>Sila berikan butiran prosedur / pembedahan yang dilakukan dan sertakan salinan laporan pembedahan.   |                         |   |  |
| Procedure / surgery performed<br>Prosedur / pembedahan dilakukan   | Tick<br>Tandakan<br>(√) | Date and time of the<br>surgery Tarikh dan masa<br>pembedahan   | Name of doctor who performed<br>surgery, hospital & address<br>Nama doktor yang menjalankan<br>pembedahan, hospital & alamat |
| Coronary Artery By-pass Graft via open-<br>chest surgery / Pembedahan Pintasan<br>Arteri Koronari Graft melalui<br>pembedahan dada terbuka   |                         |   |  |
| Percutaneous Coronary Intervention<br>(PCI) / Percutaneous Koronari<br>Intervention (PCI)  |                         |   |  |
| Others, please specify / Lain-lain, sila<br>nyatakan   |                         |   |  |
| 9. For Heart Valve Surgery / Surgery to Aorta ONLY /<br>Untuk Pembedahan Injap Jantung / Pembedahan Aorta SAHAJA   |                         |   |  |
| (a) Type of surgery performed<br>Jenis pembedahan yang dilakukan   |                         |   |  |
| (b) Date of surgery<br>Tarikh pembedahan   |                         | DD                      MM                      YY<br>HH                      BB                      TT  |  |
| (c) Name and address of the doctor who performed the surgery,<br>with name and hospital address / Nama dan alamat doctor<br>yang melakukan pembedahan, termasuk nama and alamat<br>hospital  |                         |   |  |



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|  |  |   |
|--|--|---|
|  | <p>(d) For Heart Valve Surgery / <i>Untuk Pembedahan Injap Jantung</i></p> <p>(i) The approach was via / <i>Pendekatan adalah melalui</i></p> <p>(ii) The procedure done was / <i>Prosedur yang dilakukan adalah</i></p> | <p>(i) <input type="checkbox"/> open heart surgery<br/><i>pembedahan jantung terbuka</i></p> <p><input type="checkbox"/> intra-arterial procedure<br/><i>prosedur intra-arteri</i></p> <p><input type="checkbox"/> key-hole procedure<br/><i>prosedur lubang-kunci</i></p> <p><input type="checkbox"/> others / <i>lain-lain</i></p> <hr/> <p>(ii) <input type="checkbox"/> valvotomy/valvuloplasty<br/><i>valvotomy/valvuloplasty</i></p> <p><input type="checkbox"/> valve repair / <i>pembaikan injap</i></p> <p><input type="checkbox"/> valve replacement<br/><i>penggantian injap</i></p> |
|--|--|---|





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|   |  |   |  |
|---|--|---|--|
| (e)   | For Surgery to Aorta / Untuk Pembedahan Aorta<br><br>(i) The approach was via / Pendekatan adalah melalui<br><br><br><br><br><br><br><br><br><br>(ii) The surgery was performed for<br>Pembedahan dilakukan untuk<br><br><br><br><br><br><br><br><br><br>(iii) The surgery was performed at<br>Pembedahan dilakukan di | (i) <input type="checkbox"/> thoracotomy / <i>thoracotomy</i><br><input type="checkbox"/> laparotomy / <i>laparotomi</i><br><input type="checkbox"/> intra-arterial procedure<br><i>prosedur intra-arteri</i><br><input type="checkbox"/> catheter based techniques<br><i>teknik berasaskan kateter</i><br><input type="checkbox"/> key-hole procedure<br><i>prosedur lubang-kunci</i><br><br>(ii) <input type="checkbox"/> aneurysm / <i>aneurysm</i><br><input type="checkbox"/> dissection / <i>pembedahan</i><br><input type="checkbox"/> obstruction / <i>halangan</i><br><input type="checkbox"/> coarctation / <i>penyambungan</i><br><input type="checkbox"/> others / <i>lain-lain</i><br><br>_____<br><br>(iii) <input type="checkbox"/> thoracic aorta / <i>aorta thoracic</i><br><input type="checkbox"/> abdominal aorta / <i>aorta abdomen</i><br><input type="checkbox"/> aortic branches<br><i>cawangan-cawangan aorta</i><br><br>_____ |  |
| 10. Please give the name and address of all doctors or hospital to whom or to which the Patient has been referred or attended for this condition, including referrals or non-referrals. / <i>Sila berikan nama dan alamat bagi semua doctor atau hospital yang kepadanya atau yang mana Pesakit telah dirujuk atau dirawat untuk penyakit ini, termasuk rujukan atau bukan rujukan.</i> |  |   |  |
|   | Date<br><i>Tarikh</i>  | Name of Doctor/Specialist/Hospital<br><i>Nama Doktor/Pakar Perubatan/Hospital</i>   | Address of Doctor / Specialist / Hospital<br><i>Alamat Doctor / Pakar Perubatan / Hospital</i> |
|   |  |   |  |
|   |  |   |  |
| 11. Please provide any other information that will enable us to assess this claim. / <i>Sila berikan maklumat lain yang akan membolehkan kami menilai tuntutan ini.</i>   |  |   |  |
| I hereby declare that the foregoing answers are each and all true to the best of my knowledge and belief.<br><i>Saya dengan ini mengaku bahawa setiap dan semua jawapan di atas adalah benar sepanjang pengetahuan dan kepercayaan saya.</i>  |  |   |  |



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|  |   |
|--|---|
|  | Name / Nama:  |
|  | Professional Qualification:<br><i>Kelayakan Professional:</i>   |
|  | Address/ Alamat:  |
|  | Date / Tarikh : <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Signature and Official Stamp / <i>Tandatangan dan Cop Amalan</i> | DD / TT   MM / BB   YYYY / TTTT   |