AIA

CRITICAL ILLNESS－OTHER SERIOUS CORONARY ARTERY DISEASE
危疾－其他嚴重的冠狀動脈疾病

CONFIDENTIAL MEDICAL CERTIFICATE－醫生報告

PART II - To be completed by doctor at Insured's / Claimant's expense 第二部份（受保人或申請人自費由主診醫生填寫)

Policy Number 保單號碼		03450035
Name of Insured 受保人姓名	ID Card / Passport No. 身分證 / 護照號碼	

GENERAL INFORMATION 一般資料

1. Are you the Insured's usual medical physician?
閣下是否受保人慣常求診之醫生？ ☐ Yes 是 ☐ No 否

   If "Yes", when did the Insured first consult you? 如"是"，請問受保人首次向閣下求診之日期？

   MM月 DD日 YYYY年

2. When were you first consulted for this illness?
受保人首次就有關疾病向閣下求診之日期。

   MM月 DD日 YYYY年

   What were the signs and symptoms? 受保人之徵狀。

   _____

   How long had the signs and symptoms been present? 該徵狀約存在了多久?

   _____

3. Has the Insured previously suffered from this illness or any related conditions? ☐ Yes 有 ☐ No 沒有
受保人是否有同類之病史。

   If "Yes", please give dates of consultations and the resulting diagnosis. 如"有"，請提供求診日期及診斷詳細結果。

   _____

4. Please provide the final diagnosis details. 請提供最後診斷之詳情。

   i. On which date was the diagnosis made? 有關疾病之診斷是何時首次確認？

   MM月 DD日 YYYY年

   ii. On which date was the Insured first made aware of it? 受保人何時首次知悉有關疾病之診斷？

   MM月 DD日 YYYY年

5. Is there anything in the Insured's family history which would have increased the risk of this illness?
受保人之家族病史是否增加受保人患上此病之機會？

   ☐ Yes 是 Related family history (including relationship and age of family member)
   相關家族病史（包括家庭成員的關係和年齡）

   _____

   ☐ No 否

6. Is the Insured a smoker? 受保人是否吸煙人仕？ ☐ Yes 是 ☐ No 否

   If "Yes", what is his / her smoking habit? 若為吸煙人仕，他 / 她的吸煙習慣為何？

   Daily smoking amount 每日吸煙數量：_____ for how many years? 吸食年數：_____

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OTHER / ADDITIONAL INFORMATION 其他 / 附加資料

1. Other physicians or medical facilities the Insured has comsulted for this condition.
   受保人曾經因此病而就診之其他醫生姓名或醫院名稱及地址。

Name of physician / facility 醫生姓名或醫院名稱	Address 地址	Date of consultation / confinement period (MM/DD/YYYY) 求診日期 / 住院時段（月/日/年）

DETAILS OF THE INSURED'S ILLNESS 受保人病況之詳情

1. Please provide full and exact details of the diagnosis. 請提供受保人之所有及確定的診斷詳情。

2. Please describe the extent of the disease. 請描述該病之狀況。
   (a) Please precisely list the name of the occluded coronary arteries and the occluded percentage (%) in respect of each involved artery.
   請準確列出各條閉塞的冠狀動脈名稱及每條動脈閉塞之程度 (百分比)。

   1. _____ 3. _____

   2. _____ 4. _____

   (b) Is the above narrowings confirmed by coronary arteriogram? ☐ Yes 是 ☐ No 否
   上述的閉塞情況是否經由冠狀動脈造影術確定？

   If "Yes", please state the date of coronary arteriogram and place it was performed. 如 "是"，請列出冠狀動脈造影術進行之日期及地點。

   Date 日期：☐☐ ☐☐ ☐☐☐☐
   MM月 DD日 YYYY年

   Place 地點：_____

3. What treatment received by patient? 病人接受何種治療？ ☐ Yes 有 ☐ No 沒有
   (a) Surgical correction? 矯正手術？

   If "Yes", please state the correction surgery performed。如 "有", 請列出矯正手術詳情。

   Date 日期：☐☐ ☐☐ ☐☐☐☐
   MM月 DD日 YYYY年

   Place 地點：_____

   Name of Surgeon 手術醫生姓名：_____

   (b) Other treatment 其他治療

4. Please enclose copies of all surgical reports, X-rays, CT scans, and any other imaging studies, laboratory evidence, angiograms, etc. and any relevant hospital reports that are available.
   請提供所有手術報告、X光檢查、電腦掃描、及其他影像報告、化驗報告及血管造影術報告等，或任何有關的醫院報告。

5. Please state if the Insured has suffered/been treated for any other major illness(es) in the past. 請列明受保人曾患上或接受治療的其他主要疾病。

6. Is there any further information, which in your opinion will assist us in assessing this claim? 請提供其他有助審核本索償個案之資料。

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本人 / 我們現聲明此申請表上所填資料皆為本人 / 我們所知及所信之事實。

Name of Attending Physician / Specialist (with qualifications) 主診 / 專科醫生的姓名（資歷）	Signature (with chop) 簽名（蓋印）
Address and Telephone No. 地址及電話	Date 日期

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