AIA

# CRITICAL ILLNESS－ANGIOPLASTY AND OTHER INVASIVE TREATMENTS FOR CORONARY ARTERY DISEASE / PERCUTANEOUS CORONARY INTERVENTION
危疾－血管成形術及其他冠狀動脈疾病之創傷性療法 / 經皮穿刺冠狀動脈介入

## 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

03460038

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<br>醫生姓名或醫院名稱 | Address<br>地址 | Date of consultation / confinement period (MM/DD/YYYY)<br>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。
   i. Which arteries are involved and what is the degree of narrowing (%) in respect of each involved artery? 請列出所有收窄了的冠狀動脈名稱及其血管腔收窄之程度（百分比）。

   _____

   Through what angiographic imaging was the above narrowing confirmed? 上述的冠狀動脈收窄經由甚麼心血管影像檢查確認？

   _____

   ii. Details of procedure done 手術詳情。
   Was balloon angioplasty, atherectomy, laser relief treatment, Transmyocardial laser revascularisation, insertion of a stent or any other intraarterial procedures done? 有否接受氣囊血管成形術、動脈粥樣瘤清除手術、激光舒緩治療、橫越心肌激光血管成形、置入支架或任何其他經動脈進行的手術？ ☐ Yes 有 ☐ No 沒有

   If "Yes", please state which procedure was done and to which artery: 如"有"， 請列出受保人所接受的手術程序名稱及所針對之動脈名稱。

   Date and place of surgery 手術日期及地點：

   Date of surgery 手術日期： | | MM月 | | DD日 | | | | | YYYY年

   The hospital where the surgery was performed 手術醫院 : _____

   Was the surgery performed by a cardiologist? 手術是否由心臟專科醫生進行？ ☐ Yes 是 ☐ No 否

   Please give the Name and Address of the cardiologist if it is not the undersigned. 若非由填寫此表格之醫生進行，請提供心臟專科醫生之姓名及地址。

   _____

   iii. Were the symptoms sufficiently severe to indicate that the Insured's future level of exercise tolerance would be restricted at a minimal level to prevent further episodes of chest pain? 有沒有嚴重的病徵，顯示受保人的活動耐受力只局限於低水平，以防止胸痛？
   ☐ Yes 有 ☐ No 沒有

3. 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。

4. 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。

5. 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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| | |
|---|---|
| | |
| Name of Attending Physician / Specialist (with qualifications)<br>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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