

Critical Illness – Heart Attack 危疾 – 心臟病

PART II - To be completed by doctor at Insured's/Claimant's expense (Chinese version is for reference only - English version shall prevail)

第二部份 – 由主診醫生填寫，所需費用由索償人承擔（中文版本只供參考，一切以英文版本為準）

Policy No. 保單號碼				
Name of Insured 受保人姓名	ID Card No. 身份證號碼	Age 年齡	Date of Birth 出生日期	Sex 性別

GENERAL INFORMATION 一般資料

<p>1. Are you the Insured's usual medical physician? 閣下是否受保人慣常求診之醫生？</p> <p><input type="checkbox"/> Yes, period of medical records extends from 是，醫療紀錄可追溯至 _____ (DD 日 / MM 月 / YY 年)</p> <p><input type="checkbox"/> No 否</p>																			
<p>2. When were you first consulted for this illness? 受保人何時首次就此病症向您求診？ _____ (DD 日 / MM 月 / YY 年)</p>																			
<p>3. What were the symptoms? 受保人求診時有何徵狀？</p>																			
<p>4. How long had the symptoms been present at that time? 徵狀當時已持續了多久？</p>																			
<p>5. Are you aware of whether the Insured had previously suffered from this illness or any related conditions? 受保人以往是否患有相同或類似病況？</p> <p><input type="checkbox"/> Yes 是</p> <p><input type="checkbox"/> No 否</p> <p>If "yes", please provide names, addresses and dates of doctors or facilities which the Insured has been referred and/or admitted to and the resulting diagnosis. 如「是」，請提供受保人就此病症求診之醫生或醫療機構名稱、地址及求診日期，及診斷結果。</p> <table border="1"> <thead> <tr> <th>Name of physician / facility 醫生 / 醫療機構名稱</th> <th>Address 地址</th> <th>Date of consultation / confinement period 求診 / 入住日期</th> <th>Diagnosis 診斷</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name of physician / facility 醫生 / 醫療機構名稱	Address 地址	Date of consultation / confinement period 求診 / 入住日期	Diagnosis 診斷												
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<p>6. On which date was the diagnosis made? 病症確診日期 _____ (DD 日 / MM 月 / YY 年)</p>																			
<p>7. On which date was the Insured first made aware of it? 受保人知悉有關病症之日期 _____ (DD 日 / MM 月 / YY 年)</p>																			
<p>8. Is there anything in the Insured's family history which would have increased the risk of this illness? 受保人是否有親屬曾患相同或類似病症，或會增加受保人患病的機會？</p> <p><input type="checkbox"/> Yes, please provide details 是，請提供詳情 _____</p> <p><input type="checkbox"/> No 否</p>																			
<p>9. Please provide names, addresses and dates of doctors and facilities which the Insured has been referred and/or admitted to for diagnosis/treatment of this current episode / illness. 請提供受保人就此病症獲得診斷 / 治療之醫生和醫療機構名稱、地址及日期。</p> <table border="1"> <thead> <tr> <th>Name of physician / facility 醫生 / 醫療機構名稱</th> <th>Address 地址</th> <th>Date of consultation / confinement period 求診 / 入住日期</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Name of physician / facility 醫生 / 醫療機構名稱	Address 地址	Date of consultation / confinement period 求診 / 入住日期													
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## DETAILS OF THE INSURED'S ILLNESS 受保人之病症詳情

1. Please provide the full and exact details of the diagnosis. 請提供與診斷相關之完整及確實的詳情。
2. Please describe the heart attack. 請描述是次心臟病之詳情。 i. Date of Attack 病發日期 _____ (DD日/MM月/YY年) ii. Was there a current history of typical ischaemic chest pain? 受保人近期是否有心絞痛病歷? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 iii. Was there a serial elevation of cardiac enzymes (C.P.K.) documented? 是否曾錄得心肌酵素 (C.P.K.) 連續上升情況? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 iv. Were there any changes in the ECG indicative of a myocardial infarction? 心電圖結果是否有任何改變顯示有心肌梗塞情況? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否 v. Duration of the acute symptoms 急性徵狀持續時間 _____ vi. Date of return to normal activities and/or the Insured's present limitations, physical and mental 恢復正常活動之所需時間·及/或受保人現時身體上及精神上之限制 _____ (DD日/MM月/YY年)
3. Was there death of a portion of the heart muscle? 是次病發是否有構成部份心肌壞死? <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
4. Please enclose copies of all reports including resting ECGs, exercise stress tests, enzyme assays, isotope studies, imaging (echocardiograms), coronary angiography and any relevant medical reports that are available. 請提供所有相關報告·包括靜態心電圖、運動心電圖、酵素分析法、同位素分析、影像(心臟超聲波)、冠狀動脈造影及其他相關之醫療報告。
5. Please state if the Insured has suffered / been treated for any other illness(es) / complaints other than this Critical Illness. 如受保人曾確診此危疾以外的其他病症或獲得治療·請在此說明。
6. Please provide any further information, which in your opinion will assist us in assessing this claim. 請提供其他有助審核本案個案的資料。

I hereby certify that I have personally examined and treated the above-named Insured for the above disability and that the facts as given above represent my opinion of his/her condition. 本人在此聲明·本人親自檢查及治療上述受保人之病症·以上陳述乃本人對受保人健康狀況之意見。

\_\_\_\_\_  
Name of doctor and qualification  
醫生名稱及醫學資格

\_\_\_\_\_  
Signature and official chop  
簽署及蓋印

\_\_\_\_\_  
Address and telephone number  
地址及電話

\_\_\_\_\_  
Date  
日期