ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-24 **HEART VALVE REPLACEMENT SURGERY**

1. Please describe the extent of the disease.

i. Date of first diagnosis of the heart valve defects. _____ (MM/DD/YY)

ii. What is the diagnosis? _____

_____

Please specify type of heart valve defect ☐ Congenital ☐ Acquired

iii. What was the cause of heart valve defect? _____

_____

2. What is the nature of treatment?

i. Was open heart surgery performed? YES ☐ NO ☐

Date of operation _____ (MM/DD/YY)

If yes, state the surgical procedure used to correct the valvular problem?

_____

_____

_____

ii. What other forms of treatment were render?

_____

_____

_____

3. Investigations/Laboratory report

i. Was the HIV test performed? YES ☐ NO ☐

If 'YES', please give result. _____ (MM/DD/YY)

ii. Please enclose copies of all reports that are available.

☐ HIV test
☐ Surgical reports
☐ Isotope studies
☐ Echocardiograms
☐ Coronary angiography / Cardiac catheterization
☐ Any relevant laboratory evidence
☐ Any relevant hospital reports

4. Please state if the insured has suffered/been treated for any other illness (es)/complaints other than the Critical Illness.

_____

_____

_____

5. If there any further information which in your opinion will assist us in assessing this claim, please furnish such information below.

_____

_____

_____

Details of "YES" answers. (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities)

To be completed by Attending Physician

I hereby certify that I have personally examined and treated the insured in connection with the above disability and that the facts are in my opinion as given above.

Name of Doctor _____ Signature _____

Qualification _____ Specialty _____ Thailand's Medical registration _____

Name of Hospital/Official Stamp _____ Telephone No. _____ Date _____