eTiQa Takaful

DOCTOR'S STATEMENT
(Critical Illness – Kidney Failure)

CONTRACT NO. ……

To be completed by Registered Medical Practitioner at Participant/Claimant's own expense

The following definition of Critical Illness must be fulfilled in order for the claim to be valid:-

KIDNEY FAILURE
End stage kidney failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is initiated or renal transplantation carried out.

Name of the Participant *:* ……

NRIC No.. ……..… Sex: ☐Male ☐ Female Age *:* ……..

GENERAL INFORMATION

1. (a) Are you the Participant's usual doctor? ☐ Yes ☐ No

   (b) If 'Yes', since when the Participant has been consulting you and what was the diagnosis then?

   Date : …….. (DD/MM/YYYY) Diagnosis : ……..

2. When were you first consulted by the Participant for this illness? …….. (DD/MM/YYYY)

3. What were the symptoms present then and for how long? ……

   ……

   ……

4. a) Has the Participant suffered from this illness or any related illnesses previously? ☐Yes ☐No

   b) If 'Yes', please state dates of consultation, the diagnosis & treatment given: ……

   ……

   ……..

5. When and where the Critical Illness was first diagnosed? Date : …… (DD/MM/YYYY) Place: ……...

6. When was the Participant first informed of the diagnosis? Date …… (DD/MM/YYYY)

7. Please state if there is anything in the Participant's family history which would have increased the risk of this illness. ……

   ……

DETAILS OF THE ILLNESS

1. Please state full and exact details of the diagnosis, leading to chronic renal failure, including dates diagnosis of said impairments.

   …… ……..

   ……

   ……

CONTRACT NO. ……

2. Please describe the extent of the kidney failure:-	
(a) (i) Has the Participant's renal disease reach end-stage?	2 (a) (i) ☐Yes ☐ No
(ii) If 'Yes', please state the date	(ii) …… (DD/MM/YYYY)
(b) Which kidney(s) is involved?	(b) ☐ Right ☐ Left ☐ Both
(c) (i) Is the Participant undergoing regular peritoneal dialysis or haemodialysis?	(c) (i) ☐ Yes ☐ No
(ii) If 'Yes', please state the date	(ii) …… (DD/MM/YYYY)
(iii) Please state the frequency of required dialysis	(iii) ……
(d) (i) Has renal transplantation been performed?	(d) (i) ☐Yes ☐ No
(ii) If 'Yes', please state the date & name of hospital	(ii) …… (DD/MM/YYYY) …… Hospital

3. Has the Participant suffered from/been treated for any other illnesses/complaints other than this Critical Illness? If 'Yes', please give full details.

……

……

4. Had the Participant, to your knowledge, consulted or treated by any other doctors or hospital? ☐Yes ☐ No

If 'Yes', please give detail below:

Name & Address of Doctors / Hospital	Date of Attendance	Illness or Condition Consulted

5. Any further information which in your opinion will assist us in assessing the claim?	…… ……

NOTE: Please furnish copies of all investigation reports including X-rays, blood tests, cystoscopy, pyelograms, ultrasound, and biopsy reports, other laboratory reports, surgical procedure, etc. and any relevant medical reports that are available.

DECLARATION

I hereby declare that the foregoing answers and statements are complete and true to the best of my knowledge and belief.

Signature :_____

Name of Attending Physician: _____ Professional Qualification(s) :_____

Name of Hospital / Clinic :_____

Address :_____

Telephone Number :_____ Official Stamp of Hospital / Clinic

Fax No.: _____

E-mail :_____

Date :_____ _____

Etiqa Takaful Berhad (266243D)
Level 19, Tower C, Dataran Maybank, No 1, Jalan Maarof, 59000 Kuala Lumpur
T +603 2297 3888 F +603 2297 3800 E info@etiqa.com.my www.etiqa.com.my
Etiqa Oneline 1300 13 8888
Ahli Kumpulan Maybank