

**CONFIDENTIAL MEDICAL CERTIFICATE
SIJIL PERUBATAN SULIT**

(HEART ATTACK / SERANGAN PENYAKIT JANTUNG)

To be completed free of the Company's expense by the medical attendant of Life Assured
Hendaklah dilengkapkan tanpa melibatkan perbelanjaan Syarikat oleh Perawat Perubatan Hayat Diinsuranskan

Full name of Life Assured
Nama penuh Hayat Diinsuranskan

Date of birth:
Tarikh Lahir

Policy No:
No. Polisi

The above named is insured with Prudential Assurance Malaysia Berhad against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with heart attack and, to enable us to assess the claim, we would be grateful for your co-operation in the completion of this form.
Penama diatas dilindungi oleh Prudential Assurance Malaysia Berhad dari kejadian yang bersangkutan dengan kesihatan beliau. Satu tuntutan bersangkutan dengan Serangan Jantung telah dikemukakan dan untuk membolehkan kami menilai tuntutan tersebut, kami berbesar hati diatas kerjasama anda dalam melengkapkan borang ini.

HEART ATTACK:

The death of a portion of the heart muscle (myocardium) as a result of inadequate blood supply and being evidenced by: -

- i. A history of typical prolonged chest pain; and
- ii. New electrocardiographic changes resulting from this occurrence,
- iii. Elevation of the cardiac enzyme (CPK-MB) above the generally accepted laboratory levels of normal.

Diagnosis based on the elevation of Troponin T test alone shall not be considered diagnostic of a heart attack. Angina is specifically excluded.

SERANGAN PENYAKIT JANTUNG:

Kematian sebahagian otot jantung (miokardium) akibat kekurangan bekalan darah dan terbukti secara : -

- i. *mengalami kesakitan dada similar yang berpanjangan; dan*
- ii. *perubahan baru dalam bacaan elektrokardiografi akibat serangan ini; dan*
- iii. *peningkatan tahap enzim kardiak (CPK-MB) yang melebihi tahap normal makmal.*

Diagnosis berdasarkan peningkatan ujian Troponin T sahaja tidak boleh di terima sebagai diagnosis suatu serangan penyakit jantung. Angina juga dikecualikan secara khusus.

SECTION A / BAHAGIAN A

General / Umum

1. Are you the patient's usual medical attendant ? Yes/
Adakah anda perawat perubatannya yang biasa ? Ya No/
Tidak

If 'yes', over what period do your records extend ?
Jika 'ya', untuk tempoh berapa lamakah rekod-rekod anda ?

2. When were you first consulted for this disease, and at that time, how long had symptoms been present ?
Bilakah anda pertama kali dirujuk mengenai keadaan ini, dan pada waktu itu, sudah berapa lamakah terdapat tanda-tanda tersebut ?

3. Has the Life Assured previously suffer from the above condition or any related illness?(eg hypertension, angina or other vascular disease)
Adakah pesakit pernah mengalami keadaan seperti yang tersebut di atas atau penyakit yang berkaitan ? Contohnya, tekanan darah tinggi, angina atau penyakit vaskular yang lain.

Yes No
 Ya Tidak

If 'yes', please state date :-
Jika 'ya', sila nyatakan tarikh :-

Date Consulted <i>Tarikh Rawatan</i>	Nature of Illness <i>Keadaan Penyakit</i>	Diagnosis Made <i>Diagnosa yang dibuat</i>

4. On what date did the patient first become aware of the illness ?
Tarikh pesakit pertama kali menyedari akan penyakitnya ?

5. Is there anything in the Life Assured's family history which would have increased the risk of a heart attack?
Adakah apa-apa dalam sejarah keluarga Hayat Diinsurankan yang boleh meningkatkan risiko serangan penyakit jantung ?

6. Please give details of the Life Assured's habits in relation to cigarette smoking ?
Sila berikan butir-butir tabiat merokok Hayat Diinsurankan ?

SECTION B / BAHAGIAN B

1. Please give full and exact details of the diagnosis.
Sila berikan butir-butir penuh dan tepat mengenai diagnosa.

2. Please describe the initial episode :-
Sila terangkan peristiwa awal

- a) Nature of episode :
Keadaan peristiwa

- b) Date of episode
Tarikh peristiwa _____

- c) Date of return to normal activities
Tarikh kembali kepada aktiviti biasa _____

3. Please provide the full address of any hospitals to which the Life Assured was referred together with names of consultants they attended.
Sila berikan alamat penuh hospital di mana Hayat Diinsuranskan telah dirujuk bersama-sama dengan nama-nama pakar runding yang merawatnya.

Name of Hospital <i>Nama Hospital</i>	Name of Consultant <i>Nama Pakar Runding</i>

SECTION C / BAHAGIAN C

1. Please attach results of any investigations performed (eg. Resting ECGs, exercise stress test, enzyme assays, isotope imaging, coronary and LV angiography) and provide remarks , if any below.

Sila lampirkan keputusan penyiasatan yang dijalankan (contohnya; ECG berehat, ujian tekanan senaman, analisa enzim, imbas isotop, angiografi koronari dan LV) dan berikan ulasan jika ada.

2. Was there any elevation of cardiac enzyme (CPK-MB) above the generally accepted normal laboratory levels? If yes, please furnish details of the results.

3. If there is any further information which, in your opinion, will assist our Chief Medical Officer in assessing this claim, please furnish such information below :-
Jika terdapat maklumat lanjut yang, pada pendapat anda akan membantu Ketua Pegawai Perubatan kami dalam menilai tuntutan ini, silalah berikan maklumat tersebut dibawah :-

SECTION D / BAHAGIAN D

Doctor's Particulars / Butir-butir Doktor

Name : (printed) / Nama (huruf cetak)

Signature / Tandatangan

Date / Tarikh

Practice Stamp / Cap Perkhidmatan