

**ACCIDENT CLAIM FORM ATTENDING PHYSICIAN'S STATEMENT**  
**BORANG TUNTUTAN KEMALANGAN KENYATAAN DOKTOR YANG MERAWAT**

Policy No. <input type="text"/> <i>No. Polisi</i>	New NRIC No. <input type="text"/> - <input type="text"/> - <input type="text"/> <i>No. K/P Baru</i>
Policy No. <input type="text"/> <i>No. Polisi</i>	Old NRIC/BC/Passport No. <input type="text"/> <i>No. K/P Lama/Sijil Kelahiran/No. Passport</i>
Policy No. <input type="text"/> <i>No. Polisi</i>	Name of Life Assured _____ <i>Nama Hayat yang Diasuranskan</i>
Policy No. <input type="text"/> <i>No. Polisi</i>	

The above named is insured with GREAT EASTERN LIFE ASSURANCE (MALAYSIA) BERHAD against the happening of certain contingent events associated with his/her health. A claim has been submitted for Accident Benefit (s) and to enable us to assess the claim, kindly complete this confidential report.

(For any medical report fee incurred in completing this form, it will be borne by the claimant)

*Yuran Laporan Perubatan akan ditanggung oleh penuntut*

Please attach the certified true copy of all the relevant tests available.

*Sila sertakan salinan diakui sah laporan ujian yang berkenaan.*

CT scan/MRI    
  X-ray    
  Blood & laboratory    
  Others, please specify : \_\_\_\_\_

**A. PARTICULARS BUTIR-BUTIR**

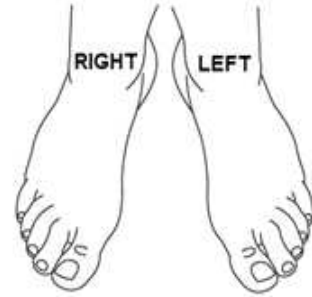
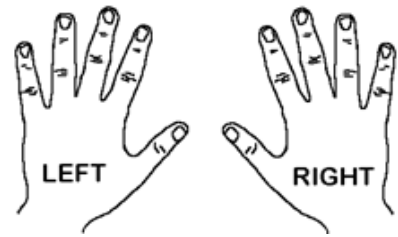
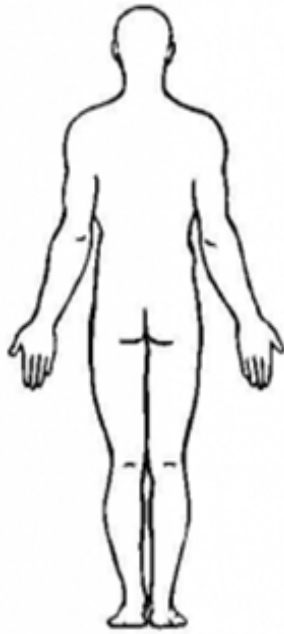
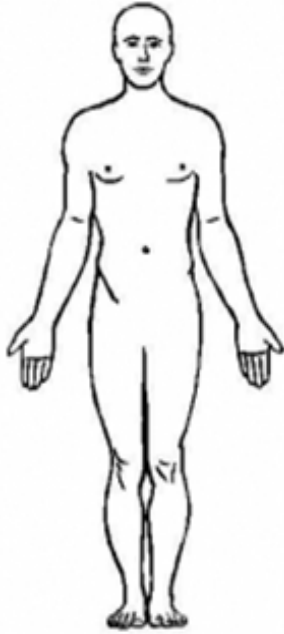
1. a) Occupation and exact duties <i>Pekerjaan dan tugas</i> b) Involved in manual work? <i>Adakah terlibat melakukan tugas kasar?</i>	a) _____ b) <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i>
2. Date & time of accident as informed by Life Assured <i>Tarikh &amp; waktu kemalangan seperti dinyatakan oleh Hayat yang Diasuranskan</i> <input type="text"/> / <input type="text"/> / <input type="text"/> _____ (dd) (mm) (yyyy) am/pm (hh) (bb) (tttt) pagi/petang	3. Date & time of first consultation <i>Tarikh &amp; waktu rawatan kali pertama</i> <input type="text"/> / <input type="text"/> / <input type="text"/> _____ (dd) (mm) (yyyy) am/pm (hh) (bb) (tttt) pagi/petang
4. Describe in detail the nature of accident as informed to you by the Life Assured <i>Terangkan secara terperinci jenis kemalangan seperti yang telah dinyatakan oleh Hayat yang Diasuranskan</i> _____ _____ _____	5. a) Medical leave granted? <i>Adakah cuti sakit diberikan?</i> <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i> b) Date of commencement of medical leave <i>Tarikh cuti sakit bermula</i> <input type="text"/> / <input type="text"/> / <input type="text"/> (dd)(hh) (mm)(bb) (yyyy)(tttt) c) Date of expiry of medical leave <i>Tarikh cuti sakit berakhir</i> <input type="text"/> / <input type="text"/> / <input type="text"/> (dd)(hh) (mm)(bb) (yyyy)(tttt) d) Number of days of light duty <i>Bilangan hari pesakit tugas ringan</i> <input type="text"/> Days ( <i>hari</i> )

**B. INJURY DETAILS - NON FRACTURE UNTUK KECEDERAAN BUKAN PATAH**

6. Were there any <b>external and visible</b> injuries or wound as a result of this accident? <i>Adakah terdapat sebarang kecederaan/luka luaran ketara akibat kemalangan tersebut?</i>  a) If <b>yes</b> , please describe details of the <b>external and visible</b> injuries. <i>Jika ya, nyatakan bukti kecederaan termasuk bahagian anggota yang cedera.</i>  b) If <b>no</b> , please describe any other evidence that is consistent with the accident as claimed by the Life Assured. <i>Jika tidak, nyatakan sebarang bukti yang konsisten dengan kemalangan seperti yang dituntut oleh Hayat yang Diasuranskan.</i>	6. <input type="checkbox"/> Yes <i>Ya</i> <input type="checkbox"/> No <i>Tidak</i>  a) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Site <i>Bahagian</i></th> <th style="width:40%;">Type of <b>EXTERNAL, VISIBLE INJURY</b> <i>(e.g. laceration, abrasion)</i> <i>Jenis kecederaan luaran</i></th> <th style="width:30%;">Approximate Measurement of Injury <i>Jangkaan ukuran kecederaan</i></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> b) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Site <i>Bahagian</i></th> <th style="width:70%;">Type of <b>INTERNAL INJURY</b> <i>(e.g. renal contusion, splenic rupture)</i> <i>Jenis kecederaan dalaman</i></th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Site <i>Bahagian</i>	Type of <b>EXTERNAL, VISIBLE INJURY</b> <i>(e.g. laceration, abrasion)</i> <i>Jenis kecederaan luaran</i>	Approximate Measurement of Injury <i>Jangkaan ukuran kecederaan</i>										Site <i>Bahagian</i>	Type of <b>INTERNAL INJURY</b> <i>(e.g. renal contusion, splenic rupture)</i> <i>Jenis kecederaan dalaman</i>						
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CLM-ACAPS-V02-042016

6. c) Please illustrate the injuries in the following diagrams  
*Sila nyatakan bahagian kecederaan pada gambarajah berikut*



**C. INJURY DETAILS - AMPUTATION** *UNTUK KECEDERAAN AMPUTASI*

7. Please provide details  
*Sila nyatakan butiran*

7.	Site (e.g. right thumb , left third finger) <i>Bahagian</i>	Extent (e.g. proximal / middle phalanx, below knee amputation (BKA)) <i>Tahap amputasi</i>

**D. INJURY DETAILS - FRACTURE** *UNTUK KECEDERAAN PATAH*

8. Location & Type of fracture  
*Lokasi & jenis patah*  
 ( Please attach **ALL X-RAYS** & relevant radiology report done from the date of accident till fracture has united )  
*(Sila sertakan laporan X-ray & laporan berkenaan yang dijalan dari hari kemalangan sampai kecederaan patah pulih)*

8.	Site (e.g. right distal femur, left proximal radius) <i>Bahagian</i>	Type of fracture (e.g. open displaced fracture, closed undisplaced, comminuted fracture) <i>Jenis patah</i>	Complication (if any) (e.g. infection, non-union) <i>Jenis komplikasi</i>

**E. DETAILS OF TREATMENT** *BUTIRAN RAWATAN*

9. Please state full details of all treatment provided  
*Sila nyatakan semua butiran rawatan yang diberikan*

Treatment <i>Rawatan</i>	Type and details <i>Jenis dan butiran</i>	Treatment start date <i>Tarikh rawatan bermula</i>	Treatment end date <i>Tarikh rawatan berakhir</i>
Surgery <i>Pembedahan</i>			
Immobilisation (e.g. POP, internal fixation) <i>Immobilisi</i>			
Physiotherapy <i>Fisioterapi</i>			
Medication <i>Ubatan</i>			
Others, please specify. <i>Lain-lain, sila nyatakan.</i>			



**F. HOSPITALISATION KEMASUKAN KE HOSPITAL**

13. a) Was the Life Assured admitted to the hospital as a result of the accident?  
*Adakah Hayat yang Diasuranskan memasuki hospital disebabkan kemalangan?*

b) Name of hospital (*Nama hospital*)

c) Admission No. (*No. Pendaftaran*)

d) Date of admission (*Tarikh masuk*)

e) Date of discharge (*Tarikh keluar*)

f) Details of surgery/other special diagnostic procedure or treatment  
*Butir pembedahan/lain-lain prosedur diagnostic atau rawatan khusus*

13. a)  Yes *Ya*  No *Tidak*

b) \_\_\_\_\_

c) \_\_\_\_\_

d)   /   /      
*(dd)(hh) (mm)(bb) (yyyy)(tttt)*

e)   /   /      
*(dd)(hh) (mm)(bb) (yyyy)(tttt)*

f)  Yes *Ya*  No *Tidak*

If yes, please provide details.  
\_\_\_\_\_  
\_\_\_\_\_

14. a) Was the Life Assured treated by other doctors for the same injury?  
*Adakah Hayat yang Diasuranskan pernah dirawat oleh doktor lain untuk kecederaan yang sama?*

b) Date of treatment by other doctors  
*Tarikh rawatan oleh doktor lain*

14. a)  Yes *Ya*  No *Tidak*

If yes, please provide the name and address of the doctors.  
*Jika ya, sila nyatakan nama dan alamat doktor tersebut.*

\_\_\_\_\_

b)   /   /      
*(dd)(hh) (mm)(bb) (yyyy)(tttt)*

15. In your opinion, is there any **old / previous** physical impairment or disease/illness which may have contributed directly or indirectly to the accident?  
*Pada pendapat anda, adakah terdapat kecacatan fizikal atau penyakit yang mungkin menyumbang secara langsung atau tidak langsung terhadap kemalangan ini?*

Yes *Ya*  No *Tidak*

If yes, please furnish the details:-  
*Jika ya, sila beri butiran seperti di bawah:-*

Type of impairment or disease <i>Jenis penyakit</i>	Date of consultation <i>Tarikh rawatan</i>	Name and address of treating doctors <i>Nama dan alamat doktor yang merawat</i>

What is the source of this information?  
*Apakah sumber maklumat tersebut?*

- Life Assured  
*Hayat yang Diasuranskan*
- Referring doctor. Name of doctor & hospital/clinic : \_\_\_\_\_  
*Doktor rujukan. Nama doktor & hospital/klinik*
- Others, please specify.  
*Lain-lain, sila nyatakan.*

**G. DECLARATION : TO BE COMPLETED BY THE ATTENDING PHYSICIAN/SPECIALIST**  
**PERISYTIHARAN : UNTUK DILENGKAPI OLEH DOKTOR MERAWAT**

I, the undersigned, certify that I have examined the above Life Assured and all statements made and answers given are true and to the best of my knowledge and belief.  
*Saya dengan ini mengesahkan bahawa saya telah merawat Hayat yang Diasuranskan dan semua jawapan yang dilengkapi adalah benar dan setakat pengetahuan saya.*

Signature and official stamp  
*Tandatangan dan cop amalan*

Name : \_\_\_\_\_  
*Nama*

Address : \_\_\_\_\_  
*Alamat*

\_\_\_\_\_

Date : \_\_\_\_\_  
  /   /      
*(dd)(hh) (mm)(bb) (yyyy)(tttt)*