

So we can assess this claim, please make sure you have:

- Checked that the policyholder has signed the declaration above.
- Checked that the attending medical practitioner has completed, signed and dated Section 2 and attached all necessary supporting documentation to this claim form.
- Checked that the claim relates to a confirmed cancer or critical illness diagnosis.

2. CLINICAL DETAILS (to be completed by your medical practitioner)

Please answer the following questions to assist us in assessing a claim for your patient. Be as comprehensive as possible.

On what date did this patient first seek medical advice in relation to the health condition which relates to a sign or symptom of the cancer or critical illness event?	____/____/____
When was your patient first aware of signs and/or symptoms relating to the cancer or critical illness event?	____/____/____
On what date was this first diagnosed?	____/____/____

Please provide clinical details of the conditions, signs or symptoms that have resulted in this diagnosis.

Has this patient experienced the condition, sign or symptom previously? Yes No

If yes, please provide details.

I declare that the information I have disclosed is true and complete:

Signature of medical practitioner _____ **Date signed** ____/____/____

3. SUPPORTING DOCUMENTATION (to be supplied by the attending medical practitioner)

To assist us in assessing this claim, please attach all relevant supporting documentation.

Cancer

- A copy of all relevant pathology reports; and
- Medical Report outlining details of the Cancer; and
- Operation notes or other details regarding treatment provided or recommended.

Cardiac

Coronary artery bypass graft

- A pre-surgery angiogram report ; and
- Cardiothoracic surgeon's operation notes.

Heart attack

- A Cardiologist must certify that a Myocardial Infarction has occurred (including all the supporting evidence for the diagnosis).

Organ failure requiring major organ transplant

- Specialist Report outlining the reasons for the transplant; and
- A copy of the operation notes.

Loss of independent living

- Medical Report outlining the diagnosis and the daily living assessment.

Functional loss due to paralysis

- Medical Report detailing diagnosis and functional loss.

Stroke

- Medical Report (including copies of results of relevant diagnostic imaging, assessment of degree of neurological deficits and likely progress).