* S U P D O C *

Singlife

Critical Illness Claim - Doctor's Statement
Major Cancer / Carcinoma in-situ / Early Cancer / Borderline Malignant Tumour / Benign Tumour (suspected malignancy) requiring surgical excision

SECTION 2 – DOCTOR'S STATEMENT (to be completed by the attending doctor at claimant's expense)

Please tick (√) the appropriate box for medical condition(s) applicable	**Sections to be completed**
❒ Cancer (including major cancer, carcinoma in-situ)	Sections A, B, C, E and F
❒ Borderline Malignant Tumour	Sections A, B, C, E and F
❒ Benign Tumour (suspected malignancy) requiring surgical excision	Sections A, B, C, D, E and F

A) Patient's Particulars

Name of Patient	Gender

NRIC/FIN or Passport No.	Date of Birth (ddmmyyyy)

B) Patient's Medical Records

1) Please state over what period does the Hospital/Clinic's record extend?

(i) Date of **First** Consultation (ddmmyyyy)

(ii) Date of **Last** Consultation (ddmmyyyy)

(iii) Number of consultations during the above period:

(iv) Name of hospital/clinic and Reasons for consultations (with dates):

2) Are you the patient's usual medical doctor? ❒ Yes ❒ No

If "Yes", since when? (ddmmyyyy)

If "No", please provide name and address of the patient's regular doctor.

3) Was the patient referred to you? ❒ Yes ❒ No

If "Yes", please provide:

(i) Date referred (ddmmyyyy)

(ii) Reason for referral:

(iii) Name and address of doctor recommending the referral:

If "No", how did the patient come to consult at your hospital/clinic? (e.g. A&E.)

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4) Have you referred the patient to any other doctor? ❒ Yes ❒ No

If "Yes", please provide:

(i) Date referred (ddmmyyyy) | | | | | | | | |

(ii) Reason for referral:

(iii) Name and address of doctor referred to:

5) Does the patient have or ever have had any significant health conditions, medical history or any illness (e.g. cyst, tumour, hepatitis, diabetes, hypertension, hyperlipidaemia, anaemia, etc.) ❒ Yes ❒ No

If "Yes", please provide:

Details of symptoms	Exact diagnosis	Date diagnosed	Treatment

6) Name and address of doctor whom the patient consulted for the condition(s) stated in Question (5) above.

7) What is your source of the above information?

8) Please give details of the patient's habits in relation to past and present **smoking**, including the duration of smoking habits, number of cigarettes smoked per day and source of this information:

No. of years of smoking	No. of sticks per day	Source of information

9) Please give details of the patient's habits in relation to **alcohol consumption**, including the amount of the alcohol consumption, frequency and the source of this information.

Type of alcohol	Quantity per Consumption	Frequency (per week / month, etc.)	Source of information

C) Details of Illness

1) Please provide details of **medical condition** (please tick where is applicable):

❒ Major Cancers / Carcinoma in-situ / Early Cancer

❒ Borderline Malignant Tumour

❒ Benign Tumour (suspected malignancy) requiring surgical excision

(i) Date the patient **First** consulted you for this condition (ddmmyyyy) | | | | | | | | |

(ii) Details of symptom(s) presented at **First** consultation

(iii) Date of onset of these symptoms (ddmmyyyy) | | | | | | | | |

(iv) What is the underlying cause(s) of the symptoms?

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(v) **Final** Diagnosis of the condition:

ICD-10 Code (if applicable):

(vi) Date of **First** diagnosis (ddmmyyyy)								
(vii) Date the patient **First** became aware of the condition (ddmmyyyy)								

2) Name and address of the doctor who **First** diagnosed the patient with this condition.

3) Please provide the organ(s) involved in the patient's tumour or primary cancer.

❒ Eye	What component(s) of the eye is/are involved?	
❒ Nasopharynx		
❒ Skin		
❒ Nerve(s) in cranium or spine	What nerve(s) is/are involved?	
❒ Heart	What heart chamber(s) is/are involved?	
❒ Pericardium		
❒ Lung	❒ Left lung	❒ Right lung
❒ Liver	❒ Left Liver	❒ Right Liver
❒ Colon	What segment(s) of the colon is/are involved?	
❒ Rectum		
❒ Breast	❒ Left breast	❒ Right breast
❒ Uterus	❒ Endomentrial polyp	❒ Other than endomentrial polyp
❒ Cervix		
❒ Prostate		
❒ Thyroid		
❒ Other organs (please specify the organs involved)		

4) Was a biopsy performed to investigate the tumour? ❒ Yes ❒ No

If "NO", please advise on the clinical basis for the diagnosis of the histological nature of the tumour.

4) Please provide dates and details of investigation performed for the diagnosis and **attach** a copy of all relevant test reports which confirmed the diagnosis.

5) What was the staging of the cancer or tumour?

(i) TNM Stage: T_____ N_____ M_____

(ii) Other stage (if applicable):

6) Was the tumour classified as (i) uncontrolled growth of malignant cells with invasion ❒ Yes ❒ No

(ii) destruction of normal tissue ❒ Yes ❒ No

If "Yes", please attach a copy of the histopathology report which confirmed the findings and diagnosis.

7) Was the tumour classified as morphological code 8000/1 according to ICD-0-3? ❒ Yes ❒ No

If "No", please state the morphological code of the tumour according to ICD-0-3.

8) Was there evidence of metastasis to the lymph node(s)? ❒ Yes ❒ No

If "Yes", please provide the region(s) of lymph node(s) involved.

9) Was there evidence of metastasis to distant organ(s)? ❒ Yes ❒ No

If "Yes", please provide the distant organ(s) involved in the cancer metastasis.

10) Did the patient undergo any surgery? If "Yes", please state: ❒ Yes ❒ No

(i) Date of surgery (ddmmyyyy)

(ii) Nature or type of the surgery performed (e.g. mastectomy, hysterectomy, prostatectomy, gastrectomy, etc.)

(iii) Specify if there was full or partial resection of the tumour:

❒ Full Resection ❒ Partial Resection ❒ Others, please specify:

(iv) The exact site and organ(s) that was surgically removed.

(v) Reason(s) for performing the surgery.

(vi) Please provide copy of surgical report and histopathology report.

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11) Did the patient undergo any other mode of treatment? (e.g. chemotherapy, radiotherapy, recurrent blood transfusions, bone marrow transplant, haematopoletic stem cell transplant, other major interventionist treatment, etc.). If "Yes", please provide the following details. ❒ Yes ❒ No

Date of Treatment (ddmmyyyy)	Type of Treatment	Duration of Treatment	Patient's Response to the Treatment

12) Was the tumour histologically described as:

(i) pre-malignant? ❒ Yes ❒ No

(ii) non-invasive? ❒ Yes ❒ No

(iii) carcinoma-in-situ (Tis)? ❒ Yes ❒ No

(iv) having borderline malignancy? ❒ Yes ❒ No

(v) having any degree of malignant potential ❒ Yes ❒ No

(vi) having suspicious malignancy? ❒ Yes ❒ No

(vii) neoplasm of uncertain or unknown behavior ❒ Yes ❒ No

(viii) Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (severe dysplasia without carcinoma in-situ). ❒ Yes ❒ No

If "Yes" to (viii), please state:

Exact CIN classification:_____

13) For Skin Cancer, was the tumour histologically described as:

(i) hyperkeratosis, bascal cell or squamous skin cancers? ❒ Yes ❒ No

(ii) a melanoma with a Breslow thickness of less than 1.5mm or a Clark level of less than 3? ❒ Yes ❒ No

(iii) a melanoma with evidence of invasion beyond the epidermis? ❒ Yes ❒ No

(iv) a non-melanoma skin carcinoma without evidence of metastases to lymph nodes or beyond? ❒ Yes ❒ No

14) For Gastro-Intestinal Stromal tumours (GIST), please state:

(i) Was the tumour histologicaly described as T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

(ii) Was the mitotic count of less than or equal to 5/50 HPFs? ❒ Yes ❒ No

If "No" to (ii), what was mitotic count in HPFs?

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15) For Leukaemia, please state:

(i) Was the patient diagnosed of Chronic Lymphocytic Leukaemia less than RAI Stage 3? ❒ Yes ❒ No

If "No" to (i), please state:

Type of leukaemia:_____

RAI Staging: _____

16) For Urinary Bladder Cancer, was the tumour histologically described as:

(i) a papillary microcarcinoma? ❒ Yes ❒ No

(ii) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

17) For Thyroid Cancer, was the tumour histologically described as:

(i) a papillary microcarcinoma? ❒ Yes ❒ No

(ii) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

Please state the size of the tumour in diameter: _____ Centimetres (CM)

18) For Prostate Cancer, was the tumour histologically described as:

(i) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

If "Yes" to (i), please state the staging ie T1aN0M0 / T1bN0M0 / T1cN0M0: _____

18) Is the current cancer a relapse of the same cancer that occurred previously? ❒ Yes ❒ No

If "Yes", please provide details on the previous cancer and copy of the histopathological reports.

Date of **First** Diagnosis of previous cancer (ddmmyyyy)	Histopathological diagnosis of previous cancer	Duration of remission before the current relapse
		Was the previous cancer in remission before the current relapse? ❒ Yes ❒ No If "Yes", please provide the date (ddmmyyyy) in which the patient is deemed to be in remission prior to the relapse: | | | | | | | | |

19) What is the prognosis of the patient's condition?

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D) Benign Tumour (Suspected Malignancy) Requiring Surgical Excision Only

1) Was the tumour considered a suspicious malignancy based on a full and appropriate investigation (before operation)? ❒ Yes ❒ No

If “Yes”, please elaborate further on the finding(s) of suspicious malignancy.

2) Prior to any surgical excision, was the tumour considered to have a suspicion of malignancy based on full and appropriate investigations? ❒ Yes ❒ No

If "Yes", please state/provide:

(i) Exact Diagnosis of the condition **prior** to any surgical excision (ICD-10 Code, if applicable).

(ii) Details on the finding(s) which led to suspicion of malignancy and attach a copy of all relevant test reports which confirmed the findings.

3) Was the tumour fully resected due to a suspicion of malignancy? ❒ Yes ❒ No

If “Yes”, please state:

(i) Date of surgery (ddmmyyyy)

(ii) Nature or type of the surgery performed

(i) Please provide a copy of histopathological examination after surgical excision with confirmation of non-cancerous tumour.

If “No”, please state the reason(s) for the full resection of the tumour.

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4) Was there evidence of a non-cancerous benign tumour confirmed by histopathological examination after the surgical excision? ❒ Yes ❒ No

If "Yes", please attach a copy of the histopathology report after the surgical excision which confirmed the findings and diagnosis.

5) Please confirm did the patient undergo surgery with total removal of:

(i) Gallbladder ❒ Yes ❒ No

(ii) Gallstone(s) ❒ Yes ❒ No

(iii) Kidney Stone(s) ❒ Yes ❒ No

(iv) Benign hormone secreting tumour of the adrenal glands ❒ Yes ❒ No

(v) Ovarian cyst(s) ❒ Yes ❒ No

6) Is the tumour considered as a high grade ❒ Yes ❒ No

(i) Dysplasia ❒ Yes ❒ No

(ii) Lipoma ❒ Yes ❒ No

(iii) Haemangioma ❒ Yes ❒ No

(iv) Non-solid tumours including simple cysts ❒ Yes ❒ No

E) Other Information

1) Was the tumour or cancer directly or indirectly, wholly or partly caused by or arising from or contributed to by Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) infection? ❒ Yes ❒ No

If "Yes", please state:

Date of Diagnosis of AIDS/HIV (ddmmyyyy): | | | | | | | | |

Date the patient **First** became aware of the condition (ddmmyyyy): | | | | | | | | |

If "Yes", please provide the details including name of doctor and clinic who **First** diagnosed the patient with HIV or AIDS. Please provide copy of test result.

2) Was the tumour or cancer directly or indirectly, wholly or partly caused by or arising from or contributed to by:

a) Wilful misuse of drugs? ❒ Yes ❒ No

b) Wilful misuse of alcohol? ❒ Yes ❒ No

If "Yes", please provide the details including diagnosis date, name of doctor and clinic who **First** diagnosed the patient. Please provide copy of test result.

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3) Was the tumour or cancer directly or indirectly, wholly or partly caused by or arising from or contributed to by congenital anomaly or defect? ❒ Yes ❒ No

If "Yes", please provide the details including diagnosis date, name of doctor and clinic who **First** diagnosed the patient. Please provide copy of test result.

4) Had the patient been diagnosed with or treated for hepatitis or bone marrow disease previously? ❒ Yes ❒ No

If "Yes", please provide details:

Exact diagnosis	Date of diagnosis	Name of doctor & address of hospital/clinic

5) Is there anything in the patient's **personal medical history** which would have increased the risk of Cancer? If "Yes", please give details: ❒ Yes ❒ No

Exact diagnosis	Date of diagnosis	Name of doctor & address of hospital/clinic

6) Is there anything in the patient's **family history** which would have increased the risk of Cancer? ❒ Yes ❒ No

If "Yes", please give details:

Relationship with patient	Nature of condition	Age of onset	Source of information

7) Has active treatment and therapy now been rejected in favour of relief of symptoms? ❒ Yes ❒ No

If "Yes", please provide full details why this view / course of action is taken.

8) Based on the **Last** consultation, is the condition highly likely to lead to death within the next:

(i) six (6) months? ❒ Yes ❒ No

(ii) twelve (12) months? ❒ Yes ❒ No

If "Yes" to (i) and/or (ii), please provide details on the basis of your evaluation

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9) Please describe and elaborate on the nature and severity of the patient's disability and limitation, if any.

10) a) Is the patient mentally incapacitated? ❒ Yes ❒ No

b) If the patient is mentally incapacitated, is he/she mentally capable of receiving or handling money? ❒ Yes ❒ No

11) Are you aware of any other doctor(s) (in Singapore or Overseas) whom the patient consulted for the condition or any other related diseases? If "Yes", please give details: ❒ Yes ❒ No

Name of doctor and Address of hospital/clinic	Date of **First** & **Last** consulation	Reasons for consultation

12) Please provide us with any other additional information that will enable the Company to assess this claim.

13) Please enclose a copy of all reports including specialist or hospital reports, biopsy reports, cytology reports, histopathology reports, x-rays, CT scans, other imaging studies, laboratory evidence, surgical report, etc. that are available.

F) Declaration

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

Signature of Doctor	Address & Offical Stamp of Doctor
Name of Doctor	
Date (ddmmyyyy)	

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