ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง
Part III Details of Insured's Illness

ECIR-11 CIR-12	MAJOR ORGAN TRANSPLANT

1. Please describe the transplant operations.

i. Which is the organ involved?

- ☐ Bone marrow using allogenic haematopoietic stem cells after total bone marrow ablation
- ☐ Heart
- ☐ Lung
- ☐ Liver
- ☐ Kidney
- ☐ Pancreas

ii. What is (are) the underlying disease(s) that leading to organ transplant? _____

_____

How long has it been presented? _____

iii. What is the date of operations? _____ (MM/DD/YY)

iv. What is the prognosis? _____

_____

2. Investigations/Laboratory report

i. Was the HIV test performed? YES ☐ NO ☐

If 'YES', please give result. _____ (MM/DD/YY)

_____

ii. Please enclose copies of all reports that are available.

- ☐ HIV test
- ☐ Surgical reports
- ☐ Pathological reports
- ☐ Echocardiogram
- ☐ X-rays
- ☐ CT scans
- ☐ Ultrasound
- ☐ Any other imaging studies
- ☐ Any relevant laboratory evidence
- ☐ Any relevant hospital reports

3. Please state if the insured has suffered/been treated for any other illness (es)/complaints other than the Critical Illness.

_____

_____

_____

4. If there any further information which in your opinion will assist us in assessing this claim, please furnish such information below.

_____

_____

_____

Details of "YES" answers.
(Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities)

To be completed by Attending Physician

I hereby certify that I have personally examined and treated the insured in connection with the above disability and that the facts are in my opinion as given above.

Name of Doctor _____ Signature _____

Qualification _____ Specialty _____ Thailand's Medical registration _____

Name of Hospital/Official Stamp _____ Telephone No. _____ Date _____