ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-13 APLASTIC ANEMIA

1. Please describe the extent of the illness.

i. Date of first symptom _____ (MM/DD/YY)

ii. What was your diagnosis?

_____

ii. What was the cause?

_____

2. What are the haemoglobin level, red cell count, white cell count and platelet count?

_____

_____

3. What is the the result of bone marrow biopsy?

_____

4. What is the nature of treatment?

	YES	NO
i. Blood product transfusion	☐	☐
ii. Marrow stimulating agents	☐	☐
iii. Immunosuppressive agents	☐	☐
iv. Bone marrow transplantation	☐	☐

5. 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
- ☐ CBC
- ☐ Bone marrow aspiration / biopsy
- ☐ CT scans
- ☐ MRI
- ☐ Any other imaging studies
- ☐ Any relevant laboratory evidence
- ☐ Any relevant hospital reports

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

_____

_____

_____

7. 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 _____