

ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-17	BURN	
<p>1. Please describe the extent of the major burn.</p> <p>i. Date of onset _____ (MM/DD/YY)</p> <p>ii. Please describe the degree and the extent (%) of burn</p> <p><input type="checkbox"/> 1st degree , the extent _____ percentage</p> <p><input type="checkbox"/> 2nd degree , the extent _____ percentage</p> <p><input type="checkbox"/> 3rd degree , the extent _____ percentage</p> <p><input type="checkbox"/> 4th degree , the extent _____ percentage</p>		<p>Details of "YES" answers. (Include diagnosis, dates, duration and names and addresses of all attending physicians and medical facilities)</p>
<p>2. What was the cause of the major burns?</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>3. Investigations/Laboratory report</p> <p>i. Was the HIV test performed? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES', please give result. _____ (MM/DD/YY)</p> <p>ii. Please enclose copies of all reports that are available.</p> <p><input type="checkbox"/> HIV test</p> <p><input type="checkbox"/> Surgical reports</p> <p><input type="checkbox"/> Any relevant hospital reports</p>		
<p>4. Please state if the insured has suffered/been treated for any other illness (es)/complaints other than the Critical Illness.</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>5. If there any further information which in your opinion will assist us in assessing this claim, please furnish such information below.</p> <p>_____</p> <p>_____</p> <p>_____</p>		

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 _____