ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-20	**COMA**

1. Please describe the extent of the coma.

i. Date of onset _____ (MM/DD/YY) Glasgow coma score _____

	YES	NO
ii. Is there no response to external stimuli for at least 96 hours?	☐	☐
iii. Is there live support necessary to sustain life?	☐	☐
iv. Is there diagnostic as permanent of the brain damage after 30 days from the onset of the coma?	☐	☐

v. What is the current neurological status?

_____

_____

_____

_____

2. What was the cause of coma?

_____

_____

3. 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
- ☐ Blood / CSF / Blood chemistry reports
- ☐ Neurological reports
- ☐ Radiological studies
- ☐ CT scans
- ☐ MRI
- ☐ Any other imaging studies
- ☐ Any relevant laboratory evidence
- ☐ Any relevant hospital reports

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

_____

_____

_____

5. 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 _____