ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง

Part III Details of Insured's Illness

ECIR-23	**END STAGE LUNG DISEASE**

1. Please provide full and exact details of the diagnosis and etiology:

i. Was the insured chronic lung disease? YES ☐ NO ☐

If 'YES', diagnosis date _____ (MM/DD/YY) and the cause _____

_____

ii. What was the volume of the arterial blood oxygen partial pressure (PaO2) whilst breathing room air _____ Mmol/L

iii. Did the Insured require permanent oxygen therapy? ☐ ☐

If 'YES', start date _____ (MM/DD/YY)

2. What was the cause of chronic lung disease?

_____

_____

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
- ☐ Arterial blood gas (room air)
- ☐ Pulmonary function test
- ☐ Resting ECGs
- ☐ Echocardiograms
- ☐ X-rays
- ☐ CT scans / Lung scan
- ☐ 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 _____