ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง
Part III Details of Insured's Illness

ECIR-31	PERSISTENT VEGETATIVE STATE OR APALLIC SYNDROME

1. Please describe the extent of the Persistent Vegetative State or Apallic Syndrome.

i. Date of onset ______________ (MM/DD/YY)

	YES	NO
ii. Is there global damage to cerebral cortex?	☐	☐
iii. Is there brain stem function remaining intact?	☐	☐
iv. Is there no prospect of ever regaining consciousness?	☐	☐
v. Was there the condition persisted for at least 7 days?	☐	☐

2. What was the cause of Persistent Vegetative State or Apallic Syndrome?

3. What is the current condition of the insured and what is the prognosis?

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4. Investigations/Laboratory report

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

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

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

- ☐ HIV test
- ☐ Blood / CSF / Blood chemistry report
- ☐ Neurological reports
- ☐ CT scans
- ☐ MRI
- ☐ Any other imaging studies
- ☐ Any relevant laboratory evidence
- ☐ Any relevant hospital reports

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

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

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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 ______________