**ส่วนที่ 3 รายละเอียดความเจ็บป่วยของผู้เอาประกันที่เรียกร้องค่าชดเชยโรคร้ายแรง**

**Part III Details of Insured's Illness**

| ECIR-5<br>CIR-6 | **KIDNEY FAILURE** |
|---|---|

**1. Please describe the extent of the kidney failure.**

| | YES | NO |
|---|---|---|
| i. Has the Insured's renal disease reach end-stage? | ☐ | ☐ |
| If 'YES', diagnosis date _____ (MM/DD/YY) | | |
| ii. Is the Insured undergoing regular peritoneal dialysis or hemodialysis? | ☐ | ☐ |
| If 'YES', start date _____ (MM/DD/YY) | | |
| iii. Has renal transplantation been performed? | ☐ | ☐ |
| If' YES', date _____ (MM/DD/YY) | | |

**2. What is the underlying cause?** _____

**When it was first diagnosed?** _____ (MM/DD/YY)

**3. 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
- ☐ Renal function test / other blood test
- ☐ X-rays
- ☐ Pyelograms
- ☐ Ultrasound
- ☐ Cystoscopy report
- ☐ Biopsy report
- ☐ Surgical report
- ☐ 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 _____