SOMPO

Sompo Insurance Singapore Pte. Ltd.
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Co. Reg. No.: 198905490E | GST Reg. No.: M200903196

Medical Certificate of Treatment Form

This form is to be completed by the Claimant's Medical Attendant whose replies should be as full as possible. No claim can be admitted unless a medical certificate is furnished at the expense of the claimant.

Medical Information Authority Policy / Certificate No ______________________

I hereby authorize any hospital surgeon, medical practitioner or clinic or other person who has attended to me or examined me with respect to the below mentioned injury or sickness, to disclose to **Sompo Insurance Singapore Pte. Ltd.** any and all information with respect to the injury or illness and, to provide to **Sompo Insurance Singapore Pte. Ltd.** copies of all hospital or medical records, including prior medical history.

___________________________________ ___________________________________

Employer's Signature/Company's Stamp/Date Claimant's/Employee's Signature/Date

___________________________________ ___________________________________

Name Name

1. **Name of Patient :** ____
2. **Name of Employee / Member's Company :** ______________________________
3. **Name of Medical Establishment :** ____________________________________
4. **Nature of Admission :** Out-patient ☐ In-patient ☐ Day Surgery ☐
5. **Period of Admission :** From ____________________________ To ____________________________
6. **Diagnosis of illness or extent of injury :**

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7. **Please specify the date of first diagnosis.**

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8. **When did you inform the patient of your diagnosis?**

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9. **Is patient aware of having this condition prior to seeing you?** Yes ☐ No ☐

10. **When did patient first consult you for the symptoms?**

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11. According to patient, when did he/she first notice symptoms of condition prior to seeing any doctor?

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12. How long do you feel the symptoms/illness/injury have been existing prior to consulting you?

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13. Was patient referred by any doctor to seeing you? Yes ☐ No ☐

If yes, please state name and address of referring doctor.

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14. What is the cause of illness or injury?

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15. Is the condition due to pregnancy, infertility, childbirth, abortion? Yes ☐ No ☐

If yes, please specify the condition and the approximate date of commencement.

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Approximate date of commencement ____________________

16. Is condition a congenital anomaly or a physical defect present at birth? Yes ☐ No ☐

17. Is condition a nervous or mental disorder? Yes ☐ No☐

18. Is condition a result of self-destruction or intentional self-inflicted injury? Yes ☐ No ☐

19. Has any permanent disability been suffered Yes ☐ No ☐

If yes, please state nature and percentage of disability suffered.

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20. Any possibility of having a relapse? Yes ☐ No ☐

21. Has patient previously seen any other doctor for symptoms or been treated for same or similar condition?

Yes ☐ No ☐ Not to my knowledge ☐

If yes, please state when and describe. Please indicate the name and address of any consulting doctor.

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22. Based on normal medically accepted pathological development of the condition, would there have existed symptoms or manifestations of the condition prior to the insured's first consultation with you?

Yes ☐ No ☐

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23. Describe surgical procedures or treatment rendered (include name and dosage if medication was given).

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24. Date surgical procedures or treatment was rendered : ______________________________

25. Name of Surgeon : ______________________________

26. Is surgery for cosmetic reason? **Yes** ☐ **No** ☐

27. Is surgery medically necessary? **Yes** ☐ **No** ☐

28. Is patient still under your care for this condition? **Yes** ☐ **No** ☐

If no, give date your service terminated : ______________________________

______________________________ ______________________________

Signature of Doctor/Surgeon Name and Address of Clinic/Hospital (with chop)

______________________________ ______________________________

Name and Title Date

Please forward this form to **Sompo Insurance Singapore Pte. Ltd.**
Claims Department
50 Raffles Place
#05-01/06 Singapore Land Tower
Singapore 048623