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

Attending Doctor's Statement (For H&S)

This form is to be completed by the Claimant's Attending Doctor whose replies should be as detailed as possible, and furnished at the expense of the claimant.

Policy No: _____

Medical Information Authority
I hereby authorise any hospital surgeon, medical practitioner or general practitioner 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.

_____ _____

Patient's Signature & Date | Name of Patient

**** Please indicate NA for fields that are not applicable***

A) PATIENT'S PERSONAL PARTICULARS

Name of Patient's Employer: _____

Name of Patient: _____

NRIC/FIN/Passport No. of Patient: _____

Occupation: _____

B) DETAILS OF ILLNESS/ ACCIDENT

1) Nature of Admission: □ **Out–patient** □ **In-patient** □ **Day Surgery**

2) Period of Admission: From _____ **To** _____

3) Name of Hospital/Clinic at which patient was treated:

_____

4) Was patient referred by any doctor to see you? □ **Yes. Please answer (a)** □ **No**

a) Please provide name and address of the referring doctor:

_____

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

□ **Yes. Please provide name and address if any consulting doctor:** _____

_____

□ **No**

□ **Not to my knowledge**

B) DETAILS OF ILLNESS/ ACCIDENT (continue)

6) When did the patient first consult you for this condition?

_____

7) Details of Symptoms presented during the first consultation:

_____

_____

8) According to patient, did she notice any symptoms or condition prior to seeing any doctor? If yes, when did she first notice.

_____

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

□ Yes. Please provide details: _____

□ No.

10) How long do you think the symptoms/illness/injury have existed prior to consulting you?

_____

11) What is the finalised diagnosis: _____

12) When did you inform the patient of your diagnosis?: _____

13) What is the underlying cause of Illness/ Injury: _____

_____

14) Is the condition due to pregnancy, infertility, childbirth, abortion? □ Yes. Please answer (a) □ No

a) please specify the condition and the approximate date of commencement_____

_____

15) Is the condition a congenital anomaly or a physical defect present at birth? □ Yes □ No

16) Is the condition a nervous system disorder or mental disorder? □ Yes □ No

17) Is the condition/injury a result of self-destruction or intentional self-inflicted injury? □ Yes □ No

B) DETAILS OF ILLNESS/ ACCIDENT (continue)

18) Was there any surgical procedure performed? □ **Yes. Please answer (a) & (b).** □ **No**

a) Name and Nature of Surgical Procedure: _____

b) Date of Operation: _____

19) Is the surgery for cosmetic reason? □ **Yes** □ **No**

20) Is surgery medically necessary? □ **Yes** □ **No**

21) Is the patient still under your care?

□ **Yes.**

□ **No. Please state last date of consultation**_____

22) Any possibilty of having a relapse? □ **Yes** □ **No**

C) DECLARATION

I hereby declare that the above answers are true to the best of my knowledge and belief.

_____ _____

Signature of Attending Doctor | Name & Address of Hospital/Clinic (with official stamp)

_____ _____

Name & Title of Attending Doctor | Date

Please forward this form to: **Sompo Insurance Singapore Pte. Ltd.**
Claims Department
50 Raffles Place
#03-03 Singapore Land Tower
Singapore 048623