* S U P D O C *

Singlife

Critical Illness Claim - Doctor's Statement
Major Cancer / Carcinoma in-situ / Early Cancers / Borderline Malignant Tumour / Benign Tumour (suspected malignancy) requiring surgical excision

DOCTOR'S STATEMENT (to be completed by the attending doctor at claimant's expense)

Please tick (√) the appropriate box for medical condition(s) applicable	**Sections to be completed**
❒ Cancer (including Major Cancer, Carcinoma in-situ, Early Cancers)	Sections A, B, C, E and F
❒ Borderline Malignant Tumour	Sections A, B, C, E and F
❒ Benign Tumour (suspected malignancy) requiring surgical excision	Sections A, B, C, D, E and F

A) Patient's Particulars

Name of Patient

Gender

NRIC/FIN or Passport No.

Date of Birth (ddmmyyyy)

B) Patient's Medical Records

1) Please state over what period does the Hospital/Clinic's record extend?

(i) Date of **First** Consultation (ddmmyyyy)

(ii) Date of **Last** Consultation (ddmmyyyy)

(iii) Number of consultations during the above period:

(iv) Name of hospital/clinic and Reasons for consultations (with dates):

2) Are you the patient's usual medical doctor? ❒ Yes ❒ No

If "Yes", since when? (ddmmyyyy)

If "No", please provide name and address of the patient's regular doctor.

3) Was the patient referred to you? ❒ Yes ❒ No

If "Yes", please provide:

(i) Date referred (ddmmyyyy)

(ii) Reason for referral:

(iii) Name and address of doctor recommending the referral:

If "No", how did the patient come to consult at your hospital/clinic? (e.g. A&E.)

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4) Have you referred the patient to any other doctor? ❒ Yes ❒ No

If "Yes", please advise:

(i) Date referred (ddmmyyyy) | | | | | | | | |

(ii) Reason for referral:

(iii) Name and address of doctor referred to:

5) Does the patient have or ever have had any significant health conditions, medical history, or any illness (e.g. cyst, tumour, hepatitis, diabetes, hypertension, hyperlipidaemia, anaemia, etc.) ❒ Yes ❒ No

If "Yes", please advise:

Details of symptoms	Exact diagnosis	Date diagnosed	Treatment

6) Name and address of doctor whom the patient consulted for the condition(s) stated in Question (5) above.

7) What is your source of the above information?

8) Please give details of the patient's habits in relation to past and present **smoking**, including the duration of smoking habits, number of cigarettes smoked per day and source of this information.

No. of years of smoking	No. of sticks per day	Source of information

9) Please give details of the patient's habits in relation to **alcohol consumption**, including the amount of the alcohol consumption, frequency, and the source of this information.

Type of alcohol	Quantity per Consumption	Frequency (per week / month, etc.)	Source of information

C) Details of Illness

1) Please provide details of **condition** (please tick where is applicable):

❒ Major Cancers / Carcinoma in-situ / Early Cancer

❒ Borderline Malignant Tumour

❒ Benign Tumour (suspected malignancy) requiring surgical excision

(i) Date the patient **First** consulted you for the condition (ddmmyyyy) | | | | | | | | |

(ii) Details of symptom(s) presented at **First** consultation.

(iii) Date of onset of these symptoms (ddmmyyyy) | | | | | | | | |

(iv) What is the underlying cause(s) of the symptoms?

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(v) **Final** Diagnosis of the condition:

ICD-10 Code (if applicable):

(vi) Date of **First** diagnosis (ddmmyyyy)	
(vii) Date the patient **First** became aware of the condition (ddmmyyyy)	

2) Name and address of the doctor who **First** diagnosed the patient with the diagnosis.

3) Please provide the organ(s) involved in the patient's tumour or primary cancer.

❒ Eye	What component(s) of the eye is/are involved?	
❒ Nasopharynx		
❒ Skin		
❒ Nerve(s) in cranium or spine	What nerve(s) is/are involved?	
❒ Heart	What heart chamber(s) is/are involved?	
❒ Pericardium		
❒ Lung	❒ Left lung	❒ Right lung
❒ Liver	❒ Left Liver	❒ Right Liver
❒ Colon	What segment(s) of the colon is/are involved?	
❒ Rectum		
❒ Breast	❒ Left breast	❒ Right breast
❒ Uterus	❒ Endomentrial polyp	❒ Other than endomentrial polyp
❒ Cervix		
❒ Prostate		
❒ Thyroid		
❒ Other organs (please specify the organs involved)		

4) Was a biopsy performed to investigate the tumour? ❒ Yes ❒ No

If "Yes", please advise:

Date of biopsy (ddmmyyyy)

Detail of the biopsy:

If "No", please advise on the clinical basis for the diagnosis of the histological nature of the tumour.

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5) Please provide full details and results of all **investigations** (with dates) performed for the diagnosis.
Also, please **attach** a copy of all the relevant test reports.

6) What is the staging of the cancer or tumour?

(i) TNM Stage: T_____ N_____ M_____

(ii) Other stage (if applicable):

7) Is the tumour classified as

(i) uncontrolled growth of malignant cells with invasion? ❒ Yes ❒ No

(ii) destruction of normal tissue? ❒ Yes ❒ No

If "Yes",

a) Please attach a copy of the histopathology report which confirmed the findings and diagnosis.

b) Provide findings based on the histopathology report:

8) Is the tumour classified as morphological code 8000/1 according to ICD-0-3? ❒ Yes ❒ No

If "No", please state the morphological code of the tumour according to ICD-0-3.

9) Is there evidence of metastasis to the lymph node(s)? ❒ Yes ❒ No
If "Yes", please provide the region(s) of lymph node(s) involved.

10) Is there evidence of metastasis to distant organ(s)? ❒ Yes ❒ No
If "Yes", please provide the distant organ(s) involved in the cancer metastasis.

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11) Did the patient undergo any surgery? ❒ Yes ❒ No

If "Yes", please advise:

(i) Date of surgery (ddmmyyyy)

(ii) Nature or type of the surgery performed (e.g. mastectomy, hysterectomy, prostatectomy, gastrectomy, etc.)
Please provide copy of surgical report and histopathology report.

a) If the patient undergone mastectomy, was there surgical removal of at least three quadrants of the tissue of a breast? ❒ Yes ❒ No

If "Yes", please provide findings based on the surgery report:

b) If the patient undergone hysterectomy, was there surgical removal of the uterus (at least the corpus and cervix or corpus only)? ❒ Yes ❒ No

If "Yes", please provide findings based on the surgery report:

(iii) Specify if there was full or partial resection of the tumour:

❒ Full Resection ❒ Partial Resection ❒ Others, please specify:

(iv) The exact site and organ(s) that was surgically removed.

(v) Is the procedure considered as open or closed biopsies, needle aspiration biopsy or cytology, aspiration?

❒ Yes ❒ No

Please specify procedure:

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12) Did the patient undergo any other mode of treatment? (e.g. chemotherapy, radiotherapy, recurrent blood transfusions, bone marrow transplant, haematopoletic stem cell transplant, other major interventionist treatment, etc.). ❒ Yes ❒ No

If "Yes", please advise:

Date of Treatment (ddmmyyyy)	Type of Treatment	Duration of Treatment	Patient's Response to the Treatment

13) Is the tumour histologically described as:

(i) invasive cancer including microinvasion cancer within primary issue? ❒ Yes ❒ No

(ii) pre-malignant? ❒ Yes ❒ No

(iii) non-invasive? ❒ Yes ❒ No

(iv) carcinoma-in-situ (Tis)? ❒ Yes ❒ No

(v) carcinoma-in-situ (Ta)? ❒ Yes ❒ No

(vi) having borderline malignancy? ❒ Yes ❒ No

(vii) having any degree of malignant potential? ❒ Yes ❒ No

(viii) having suspicious malignancy? ❒ Yes ❒ No

(ix) neoplasm of uncertain or unknown behaviour? ❒ Yes ❒ No

(x) benign tumor? ❒ Yes ❒ No

(xi) All grades of dysplasia, squamous intraepithelial lesions (HSIL and LSIL), Prostatic Intraepithelial Neoplasia (PIN), Vulvar Intraepithelial Neoplasia (VIN) and Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, CIN II and CIN III (severe dysplasia without carcinoma in-situ). ❒ Yes ❒ No

If "Yes" to (xi), please state:

Exact classification:_____

14) For Skin Cancer, is the tumour histologically described as:

(i) hyperkeratosis, bascal cell or squamous skin cancers? ❒ Yes ❒ No

(ii) a melanoma with a Breslow thickness of less than 1.5mm or a Clark level of less than 3? ❒ Yes ❒ No

(iii) a melanoma without evidence of invasion beyond the epidermis? ❒ Yes ❒ No

(iv) a non-melanoma skin carcinoma without evidence of metastases to lymph nodes or beyond? ❒ Yes ❒ No

(v) a skin confined primary cutaneous lymphoma without evidence of metastases to lymph nodes or beyond? ❒ Yes ❒ No

(vi) a dermatofibrosarcoma protuberans without evidence of metastases to lymph nodes or beyond? ❒ Yes ❒ No

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15) For Gastro-Intestinal Stromal tumours (GIST), please advise:

(i) Is the tumour histologicaly described as T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

(ii) Is the tumour histologicaly described as Stage I or IA according to the latest edition of the AJCC Cancer Staging Manual, or below? ❒ Yes ❒ No

(iii) Is the mitotic count of less than or equal to 5/50 HPFs? ❒ Yes ❒ No

If "No" to (ii), what was mitotic count in HPFs?

16) For Leukaemia, please advise:

(i) Is the patient diagnosed of Chronic Lymphocytic Leukemia less than RAI Stage 3? ❒ Yes ❒ No

If "No" to (i), please state:

Type of leukaemia:_____

RAI Staging: _____

17) For Bone Marrow condition, the condition:

(i) is malignant? ❒ Yes ❒ No

(ii) does not require recurrent blood transfusions? ❒ Yes ❒ No

(iii) does not require chemotherapy? ❒ Yes ❒ No

(iv) does not require targeted cancer therapies? ❒ Yes ❒ No

(v) does not require bone marrow transplant? ❒ Yes ❒ No

(vi) does not require hematopoietic stem cell transplant? ❒ Yes ❒ No

(vii) does not require other major interventionist treatment? ❒ Yes ❒ No

18) For Urinary Bladder Cancer, is the tumour histologically described as:

(i) a papillary microcarcinoma? ❒ Yes ❒ No

(ii) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

19) For Thyroid Cancer, is the tumour histologically described as:

(i) a papillary microcarcinoma? ❒ Yes ❒ No

(ii) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

Please state the size of the tumour in diameter: _____ Centimetres (CM)

20) For Prostate Cancer, is the tumour histologically described as:

(i) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

If "Yes" to (i), please state the staging ie T1aN0M0 / T1bN0M0 / T1cN0M0: _____

21) For Neuroendocrine Cancer, is the tumour histologically described as:

(i) T1N0M0 (TNM classification) or below? ❒ Yes ❒ No

(ii) a pituitary neuroendocrine tumour (PitNET)? ❒ Yes ❒ No

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22) Is the current cancer a relapse of the same cancer that occurred previously? ❒ Yes ❒ No

If "Yes", please provide details on the previous cancer and copy of the histopathological reports.

Date of **First** Diagnosis of previous cancer (ddmmyyyy)	Histopathological diagnosis of previous cancer	Duration of remission before the current relapse
		Was the previous cancer in remission before the current relapse? ❒ Yes ❒ No If "Yes", please provide the date (ddmmyyyy) in which the patient is deemed to be in remission prior to the relapse: ☐☐☐☐☐☐☐☐

23) What is the prognosis of the patient's condition?

D) Benign Tumour (Suspected Malignancy) Requiring Surgical Excision Only

1) Was the tumour considered a suspicious malignancy based on a full and appropriate investigation (before operation)? ❒ Yes ❒ No

If "Yes", please elaborate further on the finding(s) of suspicious malignancy.

2) Prior to any surgical excision, was the tumour considered to have a suspicion of malignancy based on full and appropriate investigations? ❒ Yes ❒ No

If "Yes", please advise:

(i) Exact Diagnosis of the condition **prior** to any surgical excision (ICD-10 Code, if applicable).

(ii) Details on the finding(s) which led to suspicion of malignancy and attach a copy of all relevant test reports which confirmed the findings.

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3) Was the tumour

a) completely removed due to a suspicion of malignancy? ❒ Yes ❒ No

b) partially removed due to a suspicion of malignancy? ❒ Yes ❒ No

If "Yes", please advise:

(i) Date of surgery (ddmmyyyy) | | | | | | | | |

(ii) Nature or type of the surgery performed

Please provide a copy of histopathological examination after surgical excision with confirmation of non-cancerous tumour.

If "No", please state the reason(s) for the full resection of the tumour.

4) Was there evidence of a non-cancerous benign tumour confirmed by histopathological examination after the surgical excision? ❒ Yes ❒ No

If "Yes", please attach a copy of the histopathology report after the surgical excision which confirmed the findings and diagnosis.

5) Please confirm did the patient undergo surgery for:

(i) Ovarian cyst(s) including but not limited to simple cysts, endometrial cysts (endometriomas) of the ovary ❒ Yes ❒ No

If "Yes", please state the condition:

6) Please confirm did the patient undergo surgery for removal of:

(i) Gallbladder ❒ Yes ❒ No

(ii) Gallstone(s) ❒ Yes ❒ No

(iii) Kidney Stone(s) ❒ Yes ❒ No

(iv) Benign hormone secreting tumour of the adrenal glands ❒ Yes ❒ No

7) Please confirm did the patient undergo surgery for tumour which was considered as

(i) High grade dysplasia ❒ Yes ❒ No

(ii) Lipoma ❒ Yes ❒ No

(iii) Haemangioma ❒ Yes ❒ No

(iv) Non-Solid Tumours including simple cysts ❒ Yes ❒ No

Note: "Solid Tumour" means an abnormal mass of tissue, which is not cyst and generally does not contain liquid.

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E) Other Information

1) Is the tumour or cancer directly or indirectly, wholly or partly caused by or arising from or contributed to by

(i) Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS) infection? ❒ Yes ❒ No

If "Yes", please advise:

Date of Diagnosis of AIDS/HIV (ddmmyyyy) | | | | | | | | |

Date the patient **First** became aware of the condition (ddmmyyyy) | | | | | | | | |

(ii) Wilful misuse of alcohol? ❒ Yes ❒ No

(iii) Wilful misuse of drugs? ❒ Yes ❒ No

(iv) Congenital anomaly or defect? ❒ Yes ❒ No

If "Yes", please provide full details including reasons for the result of blood alcohol concentration, name of drugs, quantity consumed, diagnosis date, name of doctor and Hospital/Clinic who **First** diagnosed the patient with HIV or AIDS, wilful misuse of alcohol, wilful misuse of drugs or congenital anomaly or defect.

Please provide copy of test result.

2) Had the patient been diagnosed with or treated for hepatitis or bone marrow disease previously? ❒ Yes ❒ No

If "Yes", please advise:

Exact diagnosis	Date of diagnosis	Name of doctor & address of hospital/clinic

3) Is there anything in the patient's **lifestyle** or **personal medical history** which would have increased the risk of the condition? ❒ Yes ❒ No

If "Yes", please advise:

Type of Lifestyle / Exact diagnosis	Date of diagnosis	Name of doctor & address of hospital/clinic

4) Is there anything in the patient's **family history** which would have increased the risk of the condition? ❒ Yes ❒ No

If "Yes", please advise:

Relationship with patient	Nature of condition	Age of onset	Source of information

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5) Has active treatment and therapy now been rejected in favour of relief of symptoms? ❒ Yes ❒ No
If "Yes", please provide full details why this view / course of action is taken.

6) Based on the **Last** consultation and despite all reasonable medical treatment, is the condition highly likely to lead to death within the next:
(i) six (6) months? ❒ Yes ❒ No
(ii) twelve (12) months? ❒ Yes ❒ No

If "Yes" to (i) and/or (ii), please advise:
a) medical treatment(s) that had been provided to the patient

b) prognosis after undergoing the mentioned medical treatment(s)

c) any other details on the basis of your evaluation.

7) Please describe and elaborate on the nature and severity of the patient's **physical** disability and limitations.

8) Please describe and elaborate on the nature and severity of the patient's **mental** disability and limitations, including the degree of cognitive and/or intellectual impairment.

9) (i) Is the patient mentally incapacitated? ❒ Yes ❒ No

(ii) If the patient is mentally incapacitated, is he/she mentally capable of receiving or handling money? ❒ Yes ❒ No

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10) Are you aware of any other doctor(s) (in Singapore or Overseas) whom the patient consulted for the **condition or any other related diseases**? ❒ Yes ❒ No

If "Yes", please advise:

Name of doctor and Address of hospital/clinic	Date of **First** & **Last** consultation	Reasons for consultation

11) Please provide us with any other additional information that will enable the Company to assess this claim.

12) Please enclose a copy of all investigation reports including specialist reports, hospital reports, laboratory reports and etc that are available.

(i) Biopsy reports, cytology reports, histopathology reports
(ii) Bone marrow biopsy reports
(iii) Computerised tomography scan (CT scan)
(iv) Haematology reports
(v) Magnetic resonance imaging (MRI), other imaging studies
(vi) X-Ray
(vii) Operation reports, surgical reports ie Mastectomy reports, hysterectomy reports
(viii) Referral letters (if any)
(ix) Any other investigation reports

F) Declaration

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

Signature of Doctor	Address & Offical Stamp of Doctor
Name of Doctor	
Date (ddmmyyyy)	

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