* S U P D O C *

Singlife

Living Benefit Claim - Doctor's Statement
Pregnancy Complications Benefit – Postpartum Haemorrhage requiring Hysterectomy

SECTION 2 – DOCTOR'S STATEMENT (to be completed by the attending doctor at claimant's expense)

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 the patient was referred:

(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.)

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

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

(ii) Reason for referral:

(iii) Name and address of doctor referred to:

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

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

If "Yes", please provide:

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 **Postpartum Haemorrhage requiring Hysterectomy** Condition.

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

(ii) Details of symptom(s) presented at first consultation, and date these symptoms **first** started.

(iii) Exact Diagnosis of the condition:

ICD-10 Code (if applicable):

(iv) Date of **First** diagnosis (ddmmyyyy)

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

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

2) Was there ongoing bleeding following delivery? ❒ Yes ❒ No

If "Yes", was the bleeding due to an unresponsive and atonic uterus, a ruptured uterus, or a large cervical laceration extending into the uterus? Please provide details. ❒ Yes ❒ No

3) Was hysterectomy performed as a result of the postpartum haemorrhage? ❒ Yes ❒ No

If "Yes", please provide a copy of the operation report and state date of surgery (ddmmyyyy).

If "No", please elobrate.

Please furnish operation report if surgery was done.

4) What is the underlying cause(s) of the postpartum haemorrhage requiring hysterectomy?

5) Was this pregnancy conceived through any of the following fertility treatments:

(a) Vitro Fertilization (**IVF**) ❒ Yes ❒ No

(b) Intra-Cytoplasmic Sperm (**ICSI**) ❒ Yes ❒ No

(c) Intrauterine Insemination (**IUI**) ❒ Yes ❒ No

(d) Intracervical Insemination (**ICI**) ❒ Yes ❒ No

(e) If none of the above, please specify the fertility treatment that the patient has received:

6) Was the patient carrying 5 or more babies in this pregnancy? ❒ Yes ❒ No

If "No", please state the **number** of babies that the patient has carried in this single pregnancy.

7) Is the diagnosis related to Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS)? ❒ Yes ❒ No

If "Yes", please provide the date of HIV/AIDS diagnosis (dd/mm/yyyy)

8) Is the diagnosis related to self-inflicted injury, suicide or attempted suicide? ❒ Yes ❒ No

9) Is the diagnosis related to any deliberate misuse of any drugs or alcohol? ❒ Yes ❒ No

10) Is the diagnosis related to the use of unprescribed drugs where such drugs are required by the law to be prescribed by a registered medical doctor? ❒ Yes ❒ No

11) Please enclose a copy of all reports including specialist or hospital reports, laboratory evidence, surgical report, etc.

Singapore Life Ltd. 4 Shenton Way #01-01 SGX Centre 2 Singapore 068807 singlife.com
Company Reg.No.: 196900499K GST Reg.No.: MR-8500166-8 | Navigator Investment Services Ltd Company Reg.No.: 200103470W GST Reg.No.: 20-0103470-W

D) 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)	