



TAKAFUL IKHLAS SDN BHD (593075 u)
Family Claims Department
Ground Floor, Bangunan Takaful Ikhlas
No.14, Jalan 19/1, 47300 Petaling Jaya, Selangor
(A subsidiary of Malaysian National Reinsurance Berhad)

CANCER
(to be completed by doctor)

Patient Name : _____

I/C No : _____

Certificate No : _____

The above named has a coverage with Takaful Ikhlas Sdn Bhd against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with a Cancer and, to enable us to assess the claim, we would appreciate it if you could complete this confidential report and return it direct to us at the following address:-

TAKAFUL IKHLAS SDN BHD (593075 u)
Family Claims Department
Bangunan Takaful Ikhlas
No. 14, Jalan 19/1
47300 Petaling Jaya Selangor

In order for the claim to be valid the following definition must be fulfilled:-

CANCER. Means the uncontrollable growth and spread of malignant cells and the invasion and destruction of normal tissue for which major interventionist treatment or surgery (excluding endoscopic procedures alone) is considered necessary. The cancer must be confirmed by histological evidence of malignancy. The following conditioned are excluded:-

- (a) Carcinoma in situ including of the cervix;
- (b) Ductal Carcinoma in situ of the breast;
- (c) Papillary Carcinoma of the bladder and stage 1 Prostate Cancer;
- (d) All skin cancers except malignant melanoma;
- (e) Stage 1 Hodgkin's disease; and
- (f) Tumors manifesting as complication of AIDS (Acquired Immune Deficiency Syndrome)

1. General

i) Are you the participant's usual medical attendant? If yes, over what period do your records extend?

ii) When were you first consulted for this disease and, at that time, how long had symptoms been present?

iii) Has the participant previously suffered from the condition specified above or any related illness? If yes, please give dates of consultations and the resulting diagnosis.

iv) On which date did the participant first become aware of the disease?

v) Is there anything in the participant's family history which would have increased the risk of cancer?

vi) Please give details of the participant's habits in relation to cigarette smoking.

2. Details of the participant's illness:-

i) What are the site or organ involved and the precise histology of the tumor?

ii) What stage did the disease reach?

Please describe this using whichever staging classification is appropriate

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| (a) Was the disease completely localized? | [] | [] |
| (b) Was there invasion of adjacent tissue? | [] | [] |
| (c) Were regional lymph nodes involved? | [] | [] |
| (d) Were there distant-metastases? | [] | [] |

iii) If the diagnosis is leukemia, please provide details of the actual type.

iv) Please provide the full address of any hospitals to which the participant has been referred together with the names of the consultants attended.

v) Please supply details of radiological, histological, CT scanning or NM imaging and laboratory evidence as well as any other tests.

We would grateful for copies of any relevant hospital reports that are available.

3. If there is any further information which, in your opinion, will assist us in assessing the claim, please furnish such information below:-

Name of Doctor : _____ Hospital/Clinic Official Stamp

Qualification : _____

Signature : _____

Date : _____