



TAKAFUL IKLHAS SDN BHD (593075 u)
Family Claims Department
Bangunan Malaysian Re
No.17, Lorong Dungun,Damansara Heights
50990 Kuala Lumpur.
(A subsidiary of Malaysian National Reinsurance Berhad)

HEART ATTACK
(to be completed by doctor)

Patient Name : _____

I/C No : _____

Certificate No : _____

The above named has a coverage with Takaful Iklhas Sdn Bhd against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with a Heart Attack 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 IKLHAS SDN BHD (593075 u)
Family Claims Department
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In order for the claim to be valid the following definition must be fulfilled:-

HEART ATTACK (Myocardial Infarction).The death of a portion of the heart muscle due to Myocardial Infarction resulting in class 111 or class 1V functional impairment (based on the New York Heart Association Classifications).Non q-wave infarctions and early Myocardial Infarction with subsequent thrombolytic therapy are excluded unless there is clear evidence by angiography of a Myocardial Infarction additionally to the other specific MI conditions.

Class 111 and 1V functional impairment as per the New York Heart Association classification are as follows:-

Class 111. Marked limitation-Such patients are comfortable at rest but performing less than ordinary activity will lead to symptoms of cardiac failure.

Class 1V. Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The diagnosis of Myocardial Infarction will be based on the following criteria:-

- a) a history of typical chest pain;
- b) new electro-cardio graphic changes; and
- c) elevation of cardiac enzymes.

1 General

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

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? e.g. hypertension, diabetes, angina or other vascular disease.

a) If yes, please give dates of consultations and resulting diagnosis.

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

iv) Is there anything in the participant's family history which would have increased the risk of a heart attack?

v) Please give details of the participant's habit in relation to cigarette smoking.

2. Details of the participant's illness:-

i) Give full and exact details of the diagnosis.

ii) Did the participant have:-	<u>Yes</u>	<u>No</u>
a) a history of typical chest pain of Myocardial Infarction	[]	[]
b) new ECG changes	[]	[]
c) elevation of cardiac enzymes	[]	[]
d) "Q" wave infarction	[]	[]
e) thrombolytic therapy	[]	[]

*** Please provide us with a copy of the test result.

iii) Is the participant in class 111 or class 1V Heart Failure (NYHA classification)?

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

v) Please give results of any investigations performed e.g. resting, ECGs, exercise stress test, enzyme assays, isotope imaging, coronary and LV angiography.

We would be grateful for copies of any relevant hospital reports.

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

Signature _____

Name _____

Clinic _____

Qualification _____

Date _____

Telephone No. _____