

Branch

**MEDICAL REPORT ON DEATH CLAIM / LAPORAN PERUBATAN KE ATAS TUNTUTAN KEMATIAN**

In connection with claim under the policy/contract/certificate number \_\_\_\_\_ on the life of \_\_\_\_\_  
 Berhubung dengan tuntutan di bawah nombor polisi/kontrak/sijil \_\_\_\_\_ atas hayat \_\_\_\_\_

**Note: To be completed by the medical attendant of the deceased on his/her last illness. /**  
*Nota: Untuk diisi oleh pegawai perubatan si mati berkenaan penyakit terakhir si mati.*

**1. Full name of deceased / Nama penuh si mati**  
 \_\_\_\_\_  
 \_\_\_\_\_

**2. Occupation / Pekerjaan**  
 \_\_\_\_\_

**3. Address / Alamat**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4. Age / Umur**   **years / tahun**

**5a. How long have you known the deceased? / Berapa lamakah anda telah mengenali si mati?**  
 \_\_\_\_\_

**5b. How long have you been the deceased's medical attendant? / Berapa lamakah anda telah menjadi pegawai perubatan si mati?**  
 \_\_\_\_\_

**5c. Was the deceased referred by any other doctor? If yes, please furnish name and address / Adakah si mati dirujuk kepada mana-mana doktor yang lain? Jika ya, sila berikan nama dan alamat**  
 \_\_\_\_\_

**6. Did you attend to the deceased during his/her last illness? If so, for what disease? Please specify the illness. / Adakah anda merawat si mati semasa si mati menghidap penyakit yang terakhir? Sila nyatakan penyakit tersebut.**  
 \_\_\_\_\_

**7a. Date and time of death / Tarikh dan masa kematian**  
 \_\_\_\_\_

**7b. Place of death / Tempat kematian**  
 \_\_\_\_\_

**8a. What was the immediate cause of death? / Apakah punca utama kematian?**  
 \_\_\_\_\_

**8b. Was it found out by examination after death or deduced from symptoms and appearance when alive? / Adakah punca kematian diperolehi melalui pemeriksaan selepas kematian atau dibuat daripada tanda-tanda dan keadaanya semasa hidup?**  
 \_\_\_\_\_

**8c. When did the deceased first complain or show symptoms of this disease? / Bilakah si mati pertama kali mengadu atau menunjukkan tanda-tanda penyakit ini?**  
 \_\_\_\_\_

**8d. Can the illness arise suddenly without any warning and other symptoms? If yes, please provide details. / Bolehkah penyakit timbul secara tiba-tiba tanpa apa-apa tanda dan gejala lain? Jika ya, sila berikan butir-butirnya.**  
 \_\_\_\_\_

**8e. When and where was the disease first diagnosed? / Bila dan di manakah pertama kali penyakit ini didiagnosis?**  
 \_\_\_\_\_

8f. How long in your opinion, did the deceased suffer from this disease and was he/she under treatment or medication? / Pada pendapat anda, berapa lamakah si mati telah menghidap penyakit ini dan adakah beliau menjalani rawatan atau mengambil ubat?

\_\_\_\_\_

\_\_\_\_\_

8g. Did you attend to the deceased during the whole of its course? If not, please state during what period. / Adakah anda merawat si mati sepanjang tempoh penyakitnya? Jika tidak, sila nyatakan tempoh anda merawatnya.

\_\_\_\_\_

\_\_\_\_\_

9. Is there any important disease or illness the deceased suffered? Give history of such disease or illness stating that:- / Apakah penyakit utama lain yang dialami oleh si mati? Berikan sejarah penyakit tersebut dengan menyatakan:-

\_\_\_\_\_

\_\_\_\_\_

9a. Date when such disease or illness was first observed. / Bilakah tarikh penyakit tersebut mula dapat dilihat.

\_\_\_\_\_

9b. Duration of illness. / Tempoh sakit.

\_\_\_\_\_

9c. Treated by whom? / Dirawat oleh siapa?

\_\_\_\_\_

10. Did the deceased use alcohol or narcotics? If so, did they contribute to the fatal disease? / Adakah si mati mengambil alkohol atau narkotik? Jika ya, adakah alkohol atau pengambilan narkotik menyebabkan penyakit yang membawa maut tersebut?

\_\_\_\_\_

\_\_\_\_\_

11. When and for what ailments did you treat the deceased during the three years preceding his/her last illness? / Bila dan kerana penyakit apakah yang pernah anda rawat si mati sepanjang tiga tahun yang lalu sebelum penyakitnya yang terakhir?

\_\_\_\_\_

\_\_\_\_\_

12. Was any request for formal inquiry held pertaining to the death or was a post mortem examination of the body made? If so, by whom and what were the results or findings? / Adakah sebarang permintaan dan siasatan rasmi dijalankan atas kematian atau bedah siasat dijalankan keatas si mati? Jika ada, siapakah yang menjalankannya dan apakah keputusan atau laporannya?

\_\_\_\_\_

\_\_\_\_\_

13. Describe any birthmarks, scars or other marks of identification on deceased's body. / Nyatakan apa-apa tanda lahir, parut atau tanda pengecaman lain pada tubuh si mati.

\_\_\_\_\_

\_\_\_\_\_

14. Do you have any other information or remarks to make in connection with this claim concerning deceased's ailments, habits, occupation, residence etc? / Adakah anda mempunyai apa-apa maklumat atau ulasan lain berkaitan dengan tuntutan ini berhubung dengan penyakit si mati, tabiat, pekerjaan, tempat kediaman dan sebagainya?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby declare that I was the doctor in attendance during the last illness of the deceased and that the foregoing answers are true and correct to the best of my knowledge and belief. / Saya dengan ini mengaku bahawa saya ialah doktor yang merawat si mati semasa penyakitnya yang terakhir dan jawapan sebelum ini adalah benar dan betul sepanjang pengetahuan dan kepercayaan saya.

Full name / Nama penuh

\_\_\_\_\_

\_\_\_\_\_

NRIC number (new) / Nombor kad pengenalan (baru)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other identification number / Nombor pengenalan lain

\_\_\_\_\_

Designation / Jawatan

\_\_\_\_\_

Address / Alamat

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Medical Attendant / Tandatangan pegawai perubatan

Date / Tarikh 

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