

## CRISIS COVER CLAIM FORM KAWASAKI DISEASE WITH HEART COMPLICATION

**Important Note:** Please note that, under the policy terms and condition, the policy may be void if any information provided in this claim form are made knowingly by you that it is materially false or misleading.

The issue of this form is in no way an admission of liability. No claim can be considered unless the medical specialist report section is furnished at the expense of the claimant.

**Mandatory Required documents for claim submission:**

1. Crisis Cover Claim Form and Medical Specialist Report (please select the appropriate form depending on the medical condition)
2. Clinical Abstract Application Form (3 copies)
3. Diagnostic laboratory and objective test reports supporting the diagnosis

### SECTION 1

**This section is to be completed by the Life Assured who is at least 18 years old or the Policyowner if the Life Assured is below 18 years old.**

#### LIFE ASSURED'S PARTICULARS

Full Name		NRIC No.	
Address			
Date of birth		Contact No.	Occupation

#### METHOD OF DELIVERY FOR CLAIM SETTLEMENT:

By Mail to Policyowner's address		Self Collection by Policyowner		Delivery by my official appointed Prudential Financial Consultant
----------------------------------	--	--------------------------------	--	---

#### POLICY DETAILS

Please indicate the policy number for the benefit(s) you would like to claim.

#### DECLARATION

I hereby declare that all the information given by me in this form, is to the best of my knowledge and belief, true and complete. I authorise Prudential Assurance Company (Pte) Limited ("Prudential") to:

- a) seek medical information from any doctor who, at any time, has attended to the life assured concerning anything that affects his/her physical or mental health;
  - b) seek information from any insurance office to which an insurance proposal has been made;
  - c) seek information from any other sources (including employer, government authorities) in connection with this claim; and
  - d) disclose information including medical information about me to other insurers, reinsurers or other third parties assisting with my claim,
- for the assessment of my claim.

I understand and agree that Prudential should have full access to the information stated above and a photographic copy of this authorisation shall be as valid as the original.

Name & Signature of Life Assured if above 18 years old	Name & Signature of Policyowner(s)
Date	Date

**1. NATURE OF CLAIM**

1.1. Describe fully the extent and nature of illness.

1.2. On which date did you / the child first consult a medical practitioner in connection with the illness?

1.3. Have you previously suffered from or received treatment for a similar or related illness? If yes, please give details

1.4. Please provide the details of all doctors or specialists whom you have consulted in connection with your illness :-

<b>Name of Doctor</b>	<b>Name and Address of Clinic / Hospital</b>	<b>Dates of Consultation</b>	<b>Reason for Visit</b>

1.5. Please provide details of your usual medical attendant if different from above :-

<b>Name of Doctor</b>	<b>Name and Address of Clinic / Hospital</b>

**2. GENERAL**

2.1. Have any of your/ the child's blood relatives suffered from a similar or related illness? If yes, please give full details :-

Relationship of Kin	
Nature of Illness	
Date of Diagnosis	

2.2 Are you insured for similar benefits with any other company? If yes, please give full details :-

Name of Insurer	Type of Plan	Date of Issue	Benefit Amount

2.3 Do you/ the child smoke cigarettes? Please circle. If yes, please give full details :-

	Yes	No
--	-----	----

a. What is your daily consumption? sticks/per day

b. For how long have you been smoking?

**DECLARATION**

I declare that the above answers given by me in this form are true and complete and that no material information has been withheld or any relevant circumstances omitted.

Name & Signature of Life Assured if above 18 years old	Name & Signature of Policyowner(s)
--	------------------------------------

Date	Date
------	------

**SECTION 2 MEDICAL SPECIALIST REPORT  
KAWASAKI DISEASE WITH HEART COMPLICATION**  
This section is to be completed by the life assured's attending Paediatric Rheumatologist.

The above named is insured with us against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with **Kawasaki Disease with Heart Complication**. To enable us to access the claim, we would be grateful for your assistance in the completion of this form.

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

**The diagnosis of Kawasaki disease by a consultant paediatrician or rheumatologist. There must be echocardiographic evidence of cardiac involvement manifested by dilation or aneurysm formation in the coronary arteries present for at least six months after the initial acute episode.**

Name of Paediatrics Rheumatologist		MCR No.	
Field of Specialty			
Name of Medical Institution			

**GENERAL**

1.1. Are you the patient's usual medical attendant? Please circle.	Yes	No
--	-----	----

1.2. If yes, over what period do your records extend?	From	To
---	------	----

2. When were you first consulted for this condition?		DD		MM		YY
--	--	----	--	----	--	----

3.1. What were the sign and symptoms presented when you first attended to the patient?

3.2. How long had the symptoms been present when you first saw the patient?

4. On which date did the patient first become aware of the condition?		DD		MM		YY
---	--	----	--	----	--	----

5. When did the parent first become aware of the condition of the patient?		DD		MM		YY
--	--	----	--	----	--	----

6.1. Has the child missed anytime off from the school due to this condition and for which medical certificates were provided? Please circle.	Yes	No
--	-----	----

6.2. If yes, please state the duration.

Signature & Practice Stamp of the Paediatric Rheumatologist who filled up <b>Section 2</b>	Date
--	------

7.1. Has the patient previously suffered from the condition specified above or any possible related illness? Please circle.	Yes	No
---	-----	----

7.2. If yes, please give dates of consultations and the resulting diagnosis.

Date of Consultation	Diagnosis

**MEDICAL DETAILS**

8. Please provide full and exact details of the diagnosis of Kawasaki with Heart Complication.

9. Date of the diagnosis.		DD		MM		YY
---------------------------	--	----	--	----	--	----

10. Please provide details whether there is dilation or aneurysm formation in the coronary arteries. Please enclose copies of investigations performed confirming this.

11. What is the date of onset and duration of the coronary artery dilation or aneurysm formation?

12. Please provide details of all investigations performed. Please attach a copy of the laboratory/ investigation reports.

Name and Signature of Paediatric Rheumatologist who filled up <b>Section 2</b>	Date
--	------

13.1. Has HIV and antibody test done? Please circle.		Yes	No
13.2. If yes, please provide dates and results of all HIV and antibody tests done. Please also attach copies of all relevant laboratory reports.			
<b>Date</b>	<b>Result</b>		
14.1. Does the patient have any personal history of any other major medical or psychiatric condition? Please circle.		Yes	No
14.2. If yes, please give details including nature of condition, date of onset, treatment received and current status of the condition.			
<b>Nature of Condition</b>	<b>Date of Onset</b>	<b>Treatment Received</b>	<b>Current Status</b>
15.1. Does the patient have any family history of any major medical condition? Please circle.		Yes	No
15.2. If yes, please provide details including relationship to patient, nature of condition and age of onset.			
<b>Relationship</b>	<b>Nature of Condition</b>	<b>Age of Onset</b>	
16. Please provide the names, addresses and qualifications of all doctors, hospitals or clinics the patient has been referred or attended to for this condition.			

Name and Signature of the Paediatric Rheumatologist who filled up <b>Section 2</b>	Date
--	------

17. If there is any further information which, in your opinion, will assist the Company in assessing the claim, please give details.

Name and Signature of Paediatric Rheumatologist who filled up <b>Section 2</b>	Date
--	------

Practice Stamp of the Paediatric Rheumatologist

## **SECTION 3**

### **Attachment of Laboratory Reports**

To enable us to proceed with the claim, it is mandatory to enclose all relevant clinical, radiological, histological, operation and laboratory reports by attaching them to this page.

Prudential Assurance Company Singapore (Pte) Limited 30 Cecil Street #30-01 Prudential Tower  
Singapore 049712  
Postal Address: Robinson Road P.O. Box 492 Singapore 900942  
Telephone: 6535 8988 Fax: 6734 9555 Website: [www.prudential.com.sg](http://www.prudential.com.sg)  
Part of Prudential Corporation plc Reg. No 199002477Z