

3. To the best of your knowledge, please give names and addresses of all other physicians who attended the deceased during the past three years.

根據閣下所知，在過往三年死者曾就診之醫生資料。

Date 日期 (DD/MM/YY)	Disease / Disorder 病因	Details of Treatment / Hospitalization 治療及住院詳情	Name and address of the doctor 醫生名稱及地址

4. Was there any medical condition in any way contributed or predisposed to the cause of death? If so, please give details.

過往死者曾否患有任何病患與死因有直接或間接關係？如有，請詳列。

5. (a) Did the deceased have any habit of smoking, alcohol drinking or taking drugs? Yes 是 No 否
死者有否吸煙，飲酒或用藥習慣？
- (b) Did the deceased suffer any illness which predispose to cause the death, in the past? Yes 是 No 否
死者過往曾否患有任何病症與死因有關？
- (c) Did the deceased have any family history which predispose to cause the death? Yes 是 No 否
死者之死因是否與其家族病史有關？
- (d) Was the death related to self-inflicted behaviour? Yes 是 No 否
死因是否與自我毀傷有關？
- For Females Only: 只適用於女性：**
- (e) Was the death related to pregnancy or complication of pregnancy? Yes 是 No 否
死因是否與懷孕或懷孕所引致之問題有關？

For any "Yes" answer, please state the question number and give details. 如上列任何問題之答案為“是”，請詳加說明。

6. Was there any past-mortem examination done in the deceased's body? Yes 是 No 否
死者之遺體曾否進行驗屍？
If "Yes", please give a copy of the report. 如“是”，請提供有關之驗屍報告副本。

7. Do you consent the FWD Life Medical Director and / or claim assessor to release the information provided by you in this report to the deceased's family and / or claimant(s) when we are requested by the deceased's family and/or claimant(s), to explain our claim decision. Yes 是 No 否
閣下是否同意當死者家屬或申請人需要時，本公司之醫務人員或賠償核員可透路閣下所提供之資料，以作解析有關賠償決定。

Signature & Stamp of Attending Physician / 醫生簽署及蓋章

Qualification / 學歷

Address & Telephone No. / 地址及電話號

Place & Date (DD/MM/YY) / 簽署地點及日期 (日/月/年)