## Death Claim — Attending Physician's Report 死亡賠償 — 醫生報告



Please print in **BLOCK** Letters 請以正楷填寫

(To be completed by the deceased's last attending doctor without expenses to FWD Life 由最後診治死者之醫生填寫,本公司並不負責有關費用)

| 保單號碼                                   |                                | teased (Sumam<br>者姓名            | e riist)                                 |                                   | 性別              | 年齢           | 身份證號碼  | ( ) |
|--|--------------------------------|---------------------------------|--|-----------------------------------|-----------------|--------------|--|-----|
| Residence at the time of Death<br>生前住址 |                                |                                 |  | Occupation prior to death<br>生前職業 |                 |              | death  |     |
| 1. (a) Were you the la<br>閣下是否死者生      | ast attending p<br>前最後就診之影     | hysician of the d<br>醫生?如否,請詞   | leceased? If not, plea<br>详列最後就診之醫生資     | ise give<br>译料。                   | details of      | the last att | tending physician.   |     |
| (b) Date on which                      | you first saw th               | ne deceased? 閣                  | 下首次診治死者之日類                               | 朝?                                |                 |              |  |     |
| (c) Who referred th<br>死者由誰人介紹         | he deceased to<br>到診?請提供詞      | you? Please inc<br>亥醫生之資料。      | licate his/her full nan                  | ne and                            | address.        |              |  |     |
| (d) How long have                      | you acquainte                  | d with the decea                | ased? 閣下認識死者多                            | 5久?                               |                 |              |  |     |
| (e) Please give par<br>請提供死者因任         | ticulars of any<br>何疾病或檢查问     | illness or investi<br>而曾求診之紀錄   | gations for which he                     | /she ha                           | s consulte      | d you:       |  |     |
| Date Attended<br>就診日期<br>(DD/MM/YY)    | Complaints<br>Physical<br>求診原因 | Findings                        | Duration of Illness<br>illness<br>該病存在多久 |                                   | Diagnosis<br>診斷 |              | Describe Treatment (including<br>name of prescribed) or Operation<br>詳述治療(包括服食藥物名稱)及手術 |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
|  |                                |                                 |  |                                   |                 |              |  |     |
| 2. (a) Date of death 3                 | 死亡日期 (DD/N                     | ·<br>//M/YY) (日/月/ <sup>全</sup> | <b>₹</b> )                               | (b)                               | Place of d      | eath 死亡地     | 2黑   |     |
| (c) Cause of death                     | 死因                             |                                 |  | 1                                 |                 |              |  |     |

| three years.  | 注三年死者曾就診之醫生資料  |                                       | i an other physicialis v                     | viio atteriueu i | the deceased during the pas          |
|---|--|---------------------------------------|--|------------------|--------------------------------------|
| Date<br>日期<br>(DD/MM/YY)                            | Disease / Disorder<br>病因   | Details of Treatr                     | nent / Hospitalization<br>及住院詳情              | Name             | and address of the doctor<br>醫生名稱及地址 |
|   |  |                                       |  |                  |                                      |
|   |  |                                       |  |                  |                                      |
|   |  |                                       |  |                  |                                      |
|   |  |                                       |  |                  |                                      |
|   | al condition in any way contr<br>可病患與死因有直接或間接關   |                                       |  | h? If so, please | give details.                        |
| 5. (a) Did the deceased<br>死者有否吸煙,飮                 | have any habit of smoking, a<br>x酒或用藥習慣?   | alcohol drinking or t                 | taking drugs?                                | □ Yes 是          | □ No 否                               |
|   | suffer any illness which pred<br>任何病症與死因有關?  | dispose to cause the                  | e death, in the past?                        | □ Yes 是          | □ No 否                               |
| (c) Did the deceased                                | have any family history whic<br>與其家族病史有關?  | use the death?                        | □ Yes 是                                      | □ No 否           |                                      |
|   | ated to self-inflicted behavio   | our?                                  |  | □ Yes 是          | □ No 否                               |
| For Females Only: 只<br>(e) Was the death rel        |  | cation of pregnanc                    | y?   | □ Yes 是          | □ No 否                               |
| For any "Yes" answer,                               | please state the question nu   | mber and give deta                    | ils. 如上列任何問題之答                               | · 条案為"是",請<br>:  | 詳加説明。                                |
| 死者之遺體曾否進行關  | nortem examination done in t<br>魚屍?<br>copy of the report. 如 "是",  |                                       | , .  | □ Yes 是          | □ No 否                               |
| information provided when we are requeste decision. | FWD Life Medical Director by you in this report to the ed by the deceased's family 家屬或申請人有需要時,本為作解析有關賠償決定。 | deceased's family and/or claimant(s), | and / or claimant(s)<br>to explain our claim | □ Yes 是          | 口 No 否                               |
| Signature & Stamp of At                             | tending Physician / 醫生簽署   | 及蓋章                                   | Qualification / 學歷                           |                  |                                      |
| Address & Telephone No                              | 5./地址及電話號  |                                       | Place & Date (DD/MN                          | M/YY) / 簽署地      | 點及日期 (日/月/年)                         |