Maid Protector Plus Medical Report Form

Attending Physician's report (To be completed by Attending Physician)

Important note

1. The acceptance of this form is NOT an admission of liability on the part of Tokio Marine Insurance Singapore Ltd.
2. The Policyholder is responsible for providing any necessary documentary proof or reports, and any associated fees or expenses. Tokio Marine Insurance Singapore Ltd. will only consider reimbursement if the claim is deemed admissible under the policy.

A) Patient and admission details

Name of Patient

Name of Employer

Name of Doctor

Period of admission: From ____ to ____

Name of Medical Establishment

Nature of Admission

☐ Inpatient

☐ Day Surgery

☐ Outpatient

B) Full Description of Diagnosis illness and extent of injury. (Based on ICD Version 10)

Please specify date of first diagnosis (dd/mm/yyyy)

Is the Patient aware of having this condition prior to seeing you? ☐ No ☐ Yes

According to the patient, when did he/she first notice symptoms of condition prior to seeing any doctor

Was the condition caused by any underlying disease?	☐ No	☐ Yes
Is the condition due to pregnancy, child birth or gynecological problem	☐ No	☐ Yes
If for miscarriage, was it due to accident?	☐ No	☐ Yes
Is this condition a congenital abnormality or physical defect present at and existing from the time of birth regardless of the time of discovery or treatment?	☐ No	☐ Yes
Is it genetic or chromosomal disorder?	☐ No	☐ Yes
Is this surgery for cosmetic reasons or dental treatment?	☐ No	☐ Yes
Was the patient under the influence of intoxicant at the time of admission?	☐ No	☐ Yes
Is this condition a result of self-destruction or intentional self-inflicted injury?	☐ No	☐ Yes
Is this a mental or psychiatric condition?	☐ No	☐ Yes
Is this a venereal disease or sexually transmitted disease?	☐ No	☐ Yes
If **Yes** to any of the above please specify the condition and approximate date of commencement.		

Is there any Possibility of a relapse? ☑ No ☐ Yes

Tokio Marine Insurance Singapore Ltd. 20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T: 6221 6111 I F: 6221 4355 I W: www.tokiomarine.com Company Reg. No.: 192300014M I GST Reg. No.: M2-0000023-4

Maid Protector Plus Medical Report Form

Attending Physician's report (To be completed by Attending Physician)

Has the patient previously seen any other doctor for symptoms or been treated previously for this a similar or same condition?

☐ No ☐ Yes ☐ Not to my best Knowledge

Date from which the patient first noticed symptoms of conditions (dd/mm/yyyy)	

Describe If this condition existed before symptoms became apparent to the patient, when in your view did this condition begin to develop?

Date you were first consulted for the above condition? (dd/mm/yyyy)	

C) Name of Medical practitioners, previously consulted by patient

Please also Provide name and address of clinic.

1)	
2)	

Describe surgical procedures or treatments rendered. If no surgery has been performed, please state medication given.

Date Surgical procedures or treatment Rendered (dd/mm/yyyy)	
Is patient still under your care for this condition?	☐ No ☐ Yes
If "NO" provide date service was terminated. (dd/mm/yyyy)	
If patient has been referred to another doctor for follow-up, furnish name and address of doctor.	

Notice for Personal Data Protection Policy

By signing this Form:

i. I/We acknowledge and consent to TMiS collecting, using, processing and disclosing to third party service providers, or intermediaries, within or outside Singapore, my/our personal data for the purpose of processing/servicing my/our policies/claims;

ii. I/We declare and confirm that I/we have obtained the consent of the person(s) and/or nominee(s) named herein, where applicable, and that he/she/they has/have authorized me/us to disclose their personal data and to give consent on their behalf for the above collection, use, process and disclosure; and

iii. I/We acknowledge the detailed Privacy Policy Statement, governing the above, posted at www.tokiomarine.com.sg.

Declaration

I hereby declare the above answers to be true to the best of my knowledge and belief.

Signature of Doctor/Physician

Name & address of clinic/hospital (with Official Stamp)

S

Date (dd/mm/yyyy)

S

Name of Doctor

S

Please forward this report to:

Tokio Marine Insurance Singapore Ltd.
Claims Department
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046