

Death Claim - Attending Physician's Statement

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)

Policy No. 保單號碼	Deceased (Surname First) 死者姓名	Sex 性別	Age 年齡	I. D. No. 身份證號碼 ()
Residence at the time of Death 生前住址		Occupation prior to death 生前職業		

1. (a) Were you the last attending physician of the deceased? If not, please give details of the last attending physician.
閣下是否死者生前最後就診之醫生? 如否，請詳列最後就診之醫生資料。

(b) Date on which you first saw the deceased? 閣下首次診治死者之日期?

(c) Who referred the deceased to you? Please indicate his/her full name and address.
死者由誰人介紹到診? 請提供該醫生之資料。

(d) How long have you acquainted with the deceased? 閣下認識死者多久?

(e) Please give particulars of any illness or investigations for which he/she has consulted you:
請提供死者因任何疾病或檢查而曾求診之紀錄:

Date Attended 就診日期 (DD/MM/YY)	Complaints & Abnormal Physical Findings 求診原因及病徵	Duration of Illness illness 該病存在多久	Diagnosis 診斷	Describe Treatment (including name of prescribed) or Operation 詳述治療(包括服食藥物名稱)及手術

2. (a) Date of death 死亡日期

(b) Place of death 死亡地點

(c) Cause of death 死因

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

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? 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。 Yes 是 No 否

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.
閣下是否同意當死者家屬或申請人有需要時, 本公司之醫務人員或賠償批核員可透路閣下所提供之資料, 以作解析有關賠償決定。 Yes 是 No 否

Signature & Stamp of Attending Physician / 醫生簽署及蓋章	Qualification / 學歷
Address & Telephone No. / 地址及電話號碼	Place & Date / 簽署地點及日期