

**CONFIDENTIAL**

**MEDICAL CERTIFICATE**

**Heart Attack - Heart Valve Surgery - Aorta Surgery**  
**- Coronary Artery Disease requiring Surgery**  
**- Other Serious Coronary Heart Diseases - Cardiomyopathy**  
**- Angioplasty and other managing invasif for Coronary Heart Diseases**

**Policy Number-Branch Code** :   
**Name of Patient/ the Life Assured** :   
**Birth date** :   
**ID Card No.** :   
**Address** :   
**City** :   
**Post Code / Phone No.** :   
**Registration No./Medical Record** :

The above name is insured with PT Asuransi Allianz Life Indonesia against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with one of the above mentioned diseases and, to enable us to assess the claim, we would be grateful for your cooperation in the completion of this form. In order for the claim to be valid, the following definition must be fulfilled :

**Heart Attack** : The death of a portion of the heart muscle as a result of inadequate blood supply to relevant areas. The diagnosis must be supported by three or more of the following five criteria which are consistent with a new heart attack : (i) a history of typical chest pain (ii) new electrocardiogram (ECG) changes proving infarction (iii) diagnostic elevation of cardiac enzyme CK-MB (iv) diagnostic elevation of Troponin (T or I) (v) left ventricular ejection fraction less than 50% measured 3 months or more after the event.

**Coronary Artery Disease requiring Surgery** : Undergoing of heart surgery to correct narrowing or blockage of two or more Coronary arteries with bypass grafts, excluding non surgical techniques such as balloon angioplasty or laser relief of an obstruction.

**Heart Valve Surgery** : Undergoing an open heart surgery to correct valvular abnormalities.

**Aorta Surgery** : Undergoing a surgery to correct any narrowing, dissection or aneurysm of the thoracic or abdominal Aorta.

**Other Serious Coronary Heart Diseases** : Insufficiency from one of coronary artery with minimum 75% and two others coronary artery with minimum 60% that approved by arteriography.

**Angioplasty and other managing invasif for Coronary Heart Diseases** : Has been angioplasty balloning or intra arterial procedure catheter to cure Insufficiency with minimum of 60% coronary artery from one or more major coronary arteries.

**Cardiomyopathy** : Disfunctional of ventricel, showed by abnormal ECG result and confirmed by echo cardiography and causes of permanen physically disability with minimum degree on class III according to New York Association Classification of Cardiac Impairment.

Type of disease to be described

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**A. GENERAL**

1. Since when, have you been the regularly visited medical attendant of the Life Assured ?

2. When were you first consulted for this condition and, at that time, how long had the symptoms been present ? (e.g. abnormal heart murmur, pain in the chest, Oedema, difficulty in breathing, etc.)

3. Based on your **ANAMNESIS**, has the patient previously suffered from the condition specified above or any related illness ? (e.g. hypertension, angina, rheumatic fever, or any other vascular disease). Please state what kind of illness/complaints and since when was it detected ?

Type of Illness/Complaints	First detected based on your <b>ANAMNESIS</b>

4. When did the patient first become aware of his/her illness ?

5. Please give us the name and address of doctors/specialists/hospitals visited by the patient before he/she was under your treatment.

Name	Address

6. Please describe the patient's habits of smoking, alcoholic drinks and narcotics (type, amount, regularity, etc).

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**B. MEDICAL DETAILS**

1. Please provide us your diagnosis in detail on his/her heart disease, regardless whether it leads to surgery or not.

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2. Please explain cardiac catheter result.

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3. Is the surgery being done with open the chest ?

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4. Please mention which of blood vessel of heart was done by pass grafting.

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5. Based on your findings, please describe the initial nature of episode, date and duration of acute symptoms.

Date	Nature of Episode	Duration

6. What suggestion and steps were taken in relation with your diagnosis and what are the procedure

Date	Suggestion and Steps

7. Please give us the name and address of the recommended doctors/specialists/hospitals .

Name	Address

8. Please attach results of any examination performed and provide remarks if any (e.g. resting ECG's, exercise stress tests/Treadmill or Master test, enzyme assays, isotope imaging, Coronary and LV angiography).

Tests	Results

9. Does the disease suffered by your patient fulfill the definition as stated on the first page ?

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10. Please provide details if you have any information, which in your opinion, could assist our Claim Department in assessing this claim.

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**I hereby declare that the foregoing answers are each and all true to the best of my knowledge and belief.**

Name

Practice/Hospital's Stamp & Address

Date

Signature

Notes :