



TAKAFUL IKHLAS FAMILY BERHAD (593075-U)
(Formerly known as Takaful Ikhlas Berhad)
IKHLAS Point, Tower 11A, Avenue 5, Bangsar South,
No.8, Jalan Kerinchi, 59200 Kuala Lumpur.
Tel : 03 2723 9999 Fax: 03 2723 9998
Website : www.takaful-ikhlas.com.my

CANCER

(to be completed by doctor)

Patient Name : _____

I/C No : _____

Certificate No : _____

The above named has a coverage with Takaful Ikhlas Family Berhad against the happening of certain contingent events associated with his/her health. A claim has been submitted in connection with a Cancer and, to enable us to assess the claim, we would appreciate it if you could complete this confidential report and return it direct to us at the following address:-

TAKAFUL IKHLAS FAMILY BERHAD (593075-U)
(Formerly known as Takaful Ikhlas Berhad)
Benefit Payable Department
IKHLAS Point, Tower 11A, Avenue 5,
Bangsar South, No.8, Jalan Kerinchi,
59200 Kuala Lumpur.

In order for the claim to be valid the following definition must be fulfilled:-

Any malignant tumour positively diagnosed with histological confirmation and characterized by the uncontrolled growth of malignant cells and invasion of tissue. The term malignant tumour includes leukemia, lymphoma and sarcoma.

For the above definition, the following are not covered:

(i) All cancers which are histologically classified as any of the following:

- *pre-malignant*
- *non-invasive*
- *carcinoma in situ*
- *having borderline malignancy*
- *having malignant potential*

(ii) All tumours of the prostate histologically classified as T1N0M0 (TNM classification)

(iii) All tumours of the thyroid histologically classified as T1N0M0 (TNM classification)

(iv) All tumours of the urinary bladder histologically classified as T1N0M0 (TNM classification)

(v) Chronic Lymphocytic Leukemia less than Rai Stage 3

(vi) All cancers in the presence of HIV

(vii) Any skin cancer other than malignant melanoma

Cancer (V2)

1. General

- i) Are you the participant's usual medical attendant? If yes, over what period do your records extend?

- ii) When were you first consulted for this disease and, at that time, how long had symptoms been present?

- iii) Has the participant previously suffered from the condition specified above or any related illness? If yes, please give dates of consultations and the resulting diagnosis.

- iv) On which date did the participant first become aware of the disease?

- v) Is there anything in the participant's family history which would have increased the risk of cancer?

- vi) Please give details of the participant's habits in relation to cigarette smoking.

2. Details of the participant's illness:-

- i) What are the site or organ involved and the precise histology of the tumor?

- ii) What stage did the disease reach?

Cancer (V2)

Please describe this using whichever staging classification is appropriate:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| (a) Was the disease completely localized? | [] | [] |
| (b) Was there invasion of adjacent tissue? | [] | [] |
| (c) Were regional lymph nodes involved? | [] | [] |
| (d) Were there distant-metastases? | [] | [] |

iii) If the diagnosis is leukemia, please provide details of the actual type.

iv) Please provide the full address of any hospitals to which the participant has been referred together with the names of the consultants attended.

v) Please supply details of radiological, histological, CT scanning or NM imaging and laboratory evidence as well as any other tests.

We would be grateful for copies of any relevant hospital reports that are available.

3. If there is any further information which, in your opinion, will assist us in assessing the claim, please furnish such information below:-

Signature _____

Name _____

Clinic _____

Qualification _____

Date _____

Telephone No. _____

Official stamp:
