



TAKAFUL IKHLAS FAMILY BERHAD Registration No. 200201025412 (593075-U)

IKHLAS Point, Tower 11A, Avenue 5, Bangsar South
No. 8, Jalan Kerinchi, 59200 Kuala Lumpur
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(Licensed under Islamic Financial Services Act 2013 and regulated by Bank Negara Malaysia)

END-STAGE LUNG DISEASE

(to be completed by the 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 End-Stage Lung Disease 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)
Claims & Benefits Department
Ikhlas Point, Menara 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;-

End- Stage Lung Disease

End-stage lung disease causing chronic respiratory failure. All of the following criteria must be met:

- i) The need for regular oxygen treatment on a permanent basis;*
- ii) Permanent impairment of lung function with a consistent Forced Expiratory Volume (FEV) of less than 1 litre during the first second;*
- iii) Shortness of breath at rest; and*
- iv) Baseline Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less*

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 by the patient and, at that time, how long had symptoms been present?

iii) Give full and exact details of the diagnosis.

iv) Has the participant previously suffered from the condition specified above or any other illness? i.e. hypertension, diabetes, heart disease or autoimmune disorder or. If yes, please give the duration of the illness, dates of consultations and the resulting diagnosis.

a) Diagnosis: _____

b) Duration of the illness: _____

c) First date consultation: _____

d) Medication: _____

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

vi) Was the participant referred to you? If so, please give the name and address of the referring doctor/Medical Practitioner.

2) Details of the participant's lung disease:

ii) Does your patient have End stage Respiratory Failure?

iii) What was the underlying cause of End Stage Respiratory Failure.

iv) Does your patient need permanent O2 therapy?

v) Does your patient have dyspnea at rest?

vi) Was a lung function test done? If yes, please provide the test result.

vii) What is the value of FEV 1?

viii) Was any Arterial Blood Gas (ABG) done? If yes, please provide the test result.

ix) Is this condition reversible?

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

Signature _____ Clinic / Hospital _____

Doctor Name _____ Telephone No _____

Qualification _____ Date _____

Official stamp: