

## CRITICAL ILLNESS CLAIM FORM

### SECTION A (To be completed by the Life Assured)

1. Please give as much detail as possible as this will expedite settlement of the claim.
2. If it is necessary to inspect specialists investigation at a Hospital an additional authority may be required by the company.

1. Name of Policyholder .....
- Full Names of Life Assured .....
- Renewal Date of Scheme .....

2. Definition of benefit being claimed ((√) appropriate block)
 

Heart Attack	{	}
Coronary Artery Surgery	{	}
Stroke	{	}
Cancer	{	}
Renal Failure	{	}
Aorta Surgery	{	}
Replacement of Heart Valve	{	}
Paraplegia	{	}
Blindness	{	}
Major Organ Transplant	{	}

3.
  - 3.1 When did you become aware of the condition or any symptoms?  
.....
  - 3.2 When did you first seek medical assistance for the condition?

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4. 4.1 Name and address of all medical practitioners consulted for this current condition

NAME OF DOCTOR	TELEPHONE NO.	POSTAL ADDRESS

- 4.2 Details of all hospitals/institutions to which you have been admitted for this condition.

HOSPITAL/ INSTITUTION	DATE ADMITTED	DATE DISCHARGED	HOSPITAL/OUT PATIENTS NO. (IF APPLICABLE)

Date:..... Name in Block Letters .....

Address: .....

Telephone No: ..... Signature .....

**SECTION B** (To be completed by the Medical Attendant)

5. 5.1 Please give details of any conditions which co-existed with or immediately preceded this condition

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5.2 Please give details of any specialist/laboratory tests undergone prior to the onset of this condition, e.g. ECG's, X-Rays, blood tests and where the results may be inspected

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6. Details of medical assistance sought in the last 5 years; minor illnesses, e.g. colds and flu may be omitted.

COMPLAINT	APPROXIMATE DATE	NAME & ADDRESS OF DOCTOR CONSULTED, HOSPITAL OR INSTITUTION

State the date when advice for this condition was first sought?

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Has the insured ever suffered from the disease in the past? [Y/N]

If so please supply date/s and treatment details .....

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**SECTION C** (complete the necessary part)

1. **HEART ATTACK** - Defined as death of a portion of heart muscle as a result of inadequate blood supply to the relevant areas. The diagnosis must have been based upon all of a history of typical chest pain, new ECG changes and elevation of cardiac enzymes.

What type and extent of infarction?

.....  
History of chest pain?  
.....

State how ECG changes and date of ECG  
.....

Has ECG ever been done previously            YES [ ]        NO [ ]    if Yes when  
.....

State cardiac enzyme levels and date of test [CPK ]        [AST ]  
[MECK]        [CK ]        [LDH ]  
.....

State follow-up changes if done and dates  
.....  
.....

2. **CORONARY ARTERY SURGERY** - Defined as the undergoing of surgery after diagnosis via accepted angiograph testing and as a direct result to all or part of the diseased coronary arteries but excludes percutaneous angioplasty and/or intra-arterial procedures not necessitating thoracotomy.

Type of surgery procedure and date  
.....  
.....

What were the events predisposing to surgery?  
.....

3. **STROKE** - (Cerebrovascular Disease) - Defined as any cerebrovascular incident producing neurological sequelae lasting more than 24 hours and including infarction of brain tissue, haemorrhage and embolisation from an extracranial source. There must be evidence of permanent neurological deficit.

State specific type of incident  
.....

Cause

.....  
Neurological sequelae present and how long did they last?  
.....

Evidence of permanent Neurological deficit  
.....

4. **CANCER** - Defined as a disease manifested by the presence of a malignant tumour characterized by the uncontrolled growth and spread of malignant cells and the invasion of normal surrounding tissue. This includes Leukaemia, Lymphoma, Hodgkin's Disease and mixed tumours of the parotid gland, but excludes skin cancers, cancer in situ and melanoma in situ and tumours in the presence of any human immuno-deficiency virus other than Malignant Melanoma.

State site and extent of neoplasm  
.....

Is it malignant or non-malignant?  
.....

Has staging been carried out? YES [            ] NO [            ]  
If yes give details  
.....

Please comment on invasion of metastases  
.....

5. **RENAL FAILURE** - Defined as end stage renal failure presenting as chronic irreversible failure of both kidneys to function, as a result of which regular renal dialysis is instituted.

Is there chronic irreversible failure of both kidneys?  
.....

State results of kidney function tests done and dates/s  
.....

Has regular renal dialysis been instituted    YES   [     ]    NO   [     ]

Frequency of dialysis

.....

6.    **AORTA SURGERY**    -    Defined as a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. (Aorta shall mean the thoracic and abdominal aorta but not its branches).

Type of surgery procedure and date .....

.....

What were the events predisposing to surgery? .....

.....

7.    **REPLACEMENT OF HEART VALVE**    -    Defined as the replacement of one or more heart valves with artificial valves including replacement of aortic, mitral, tricuspid or pulmonary valve with artificial valves due to stenosis or incompetence of a combination of these conditions.

Type of surgery procedure and date .....

.....

What were the events predisposing to surgery? .....

.....

8.    **PARAPLEGIA**    -    Defined as the total and permanent loss of use of both legs or both arms through paralysis.

State extent e.g. irreversible, complete, partial, permanent or temporary

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Limbs involved

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Cause

.....

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9. **BLINDNESS** - Defined as the total and permanent loss of all sight in both eyes as a result of sickness or accident.

Is sight loss total and permanent? .....

What was the cause and date of occurrence? .....

10. **MAJOR ORGAN TRANSPLANT** - Defined as human-to-human organ transplant from a donor to the Insured person of one or more of the following organs: Kidney, Heart, Lung, Liver and Pancreas and Bone Marrow excluding transplantation of all other organs parts of organs or any other tissue transplant.

What organ was replaced?

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What was the underlying disease?

.....

How long was the disease present?

.....

**COPY OF ALL RELEVANT REPORTS TO BE INCLUDED**

- Histology
- Radiology (Scans, X-Ray, MRI etc.)
- Laboratory Test Results
- ECG Tracings
- Investigation/Procedure Reports e.g. Angiography
- Any other documents which may be relevant

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**SECTION D: DECLARATION**

I hereby declare that all information is to the best of my knowledge and belief, factual true and correct and that no material information has been withheld nor any relevant circumstances omitted.

Date:..... Name in Block Letters .....

Address: .....

Telephone No: ..... Qualification Practice Number .....

Signature:.....