

The strength behind your insurance

ATTENDING PHYSICIAN'S STATEMENT FOR DEATH CLAIM

Please print in BLOCK Letters

		last attending p			

•			Policy No.: Member No.:			
Name of Decease	ed:					
				ort/ I.D.No.:		
Residence at the t	time of death:					
Occupation prior	to death:					
1. a. Were you the	e last attending physiciar	n of the deceased	? If not, please giv	re details of the last attending physician?		
b. Date on whi	ich you first saw the dec	eased?				
c. Who referre	d the deceased to you? I	Please indicate his	s/her full name an	d address		
d. How long h	ave you acquainted with	the deceased?				
e. Please give p	particulars of any illness	es or investigation	ns for which he/s	he has consulted you:		
Date Attended (day/month/year)	Complaints & Abnormal Physical Findings	Duration of Illness	Diagnosis	Describe Treatment (including name of drugs prescribed) or Operation		

2. a. Date of death: _							
b. Place of death: _							
c. Cause of death:							
3. To the best of your	r knowledge, please give :	names and address of all other	physicians wh	no attended	d the deceased		
during the past three y			1 /				
Date		Details of	N.		1		
(day/month/year)	Disease/ Disorder	Treatment/Hospitalization		Name and address of the physicians			
(day/illollul/yeal)		Treatment/Trospitanzation	10				
4 W/ 1	1 1 11.1	. 1 . 1 . 1 . 1.	.1	7 1 .15 7.0	. (()) 1		
	ical condition in any way	contributed or predisposed t	o the cause of	death? If	"yes", pleas		
provide details.							
5 a Did the deceased	have any habit of smok	ing, alcohol drinking or taking	drugs?	Yes 🗖	No 🗖		
	ř	6 6	0	Yes \square	No 🗖		
		predispose to cause the death,	_	Yes \square	No 🗖		
	c. Did the deceased have any family history which predispose to cause the death? d. Was the death related to self-inflicted behavior?						
	lated to self-inflicted ben	avior?		Yes 🗖	No 🗖		
For Females Only:	1 . 1 .	1'		3 7. 🗖	N I D		
		mplication of pregnancy?		Yes 🗖	No 🗖		
For any "yes" answ	er, please state the quest	ion number and give details					
6 Was there any post	-mortem examination do	ne in the deceased's body?		Yes 🗖	No 🗖		
7 1	e a copy of the report	The fir the deceased's body.		105	110		
		claim assessor to release the in	formation	Yes 🗖	No 🗖		
		ed's family and/or claimant(s)		168	110		
1 , ,	1	or claimant(s), to explain our c					
are requested by th	e deceased's ramily and/	or claimant(s), to explain our c	laim decision				
•	•	mined and treated the pation	ent for the ab	ove illnes	s and that		
the facts as given ab	ove present my opinio	n of his/her conditions.					
Name of Attending P	hysician:	Signature (w	_ Signature (with stamp):				
	•	· ·	Date (day/month/year):				
		` •	ionui/ yeal). —				
L'HIAH							