

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 r	names and address of all other	physicians wh	no attended	d the deceased		
during the past three y		imited with whiteso of the outer	priyoromino wi	10 000011000			
Date		D=4=11== f	NI.		1		
(day/month/year)	Disease/ Disorder	Details of Treatment/Hospitalization		ame and address			
(day/ month, year)		Treatment/Tiospitanzation	the physicians				
1 Was there any mad	ical condition in any year	antiibuted or prediction and t	o the gaves of	E dooth) If	"roo" plaga		
	ical condition in any way	contributed or predisposed t	o the cause of	death? II	yes, piease		
provide details.							
5 a Did the deceased	l have any habit of smoki	ng, alcohol drinking or taking	druos?	Yes 🗖	No 🗖		
	•	predispose to cause the death,	0	Yes 🗖	No 🗆		
	· · · · · · · · · · · · · · · · · · ·	which predispose to cause the	_	Yes \square	No 🗖		
d. Was the death re	deatii:	Yes \square	No 🗖				
	rated to self-illincted bell	av101:		ies 🗖	100		
For Females Only:	1_4_1 4	1::		V D	NI- D		
e. Was the death re	Yes 🗖	No 🗖					
For any "yes" answ	ver, please state the questi	on 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	ne in the deceased s body.		103			
		claim assessor to release the in	aformation	Yes 🗖	No 🗖		
•		ed's family and/or claimant(s)		105	110		
are requested by th	ie deceased's family and/(or claimant(s), to explain our c	laiiii decisioii				
•	•	mined and treated the pation	ent for the ab	ove illnes	s and that		
the facts as given ab	ove present my opinion	of his/her conditions.					
Name of Attending P	hysician:	Signature (w	ith stamp).				
	•	,	_ Signature (with stamp): _ Date (day/month/year):				
•		` •	1011111/ yca1)				
типан:							