

9) Please provide details of the investigations conducted and tests undergone so as to confirm the diagnosis (attach separate sheets if required) :

10) a) When was the final diagnosis made? :

| D | D | M | M | Y | Y | Y | Y |

b) Since when did the deceased suffer from this ailment? :

11) Did the deceased suffer from any antecedent illness?? If yes please give the details (attach separate sheets if required) :

Date | D | D | M | M | Y | Y | Y | Y |

Details _____

12) Was any Post Mortem Examination conducted? If yes, Please give the cause death as per the Post Mortem Report :

13) Have you any other information/ to be shared with us in connection with this claim concerning deceased's s, habits etc. :

14) Can you give names of the other Medical practitioners who had attended the deceased during the last 3-years?

Name of the Doctor	Address	Contact No	Date of Consultation	Diagnosis arrived at

I _____ Medical Attendant of the deceased

_____ do hereby declare that foregoing statements are based on the records maintained in the normal course of my profession

Dated at _____ this _____ day of _____ 200

Name of Medical Attendant : _____

Qualification(s) : _____

Postal Address : _____

Stamp of Medical Attendant : _____

Signature of Medical Attendant : _____

Telephone number (with STD Code) : | | | | | | | | | | | | | | | | | | | | | |