



## HOSPITAL TREATMENT CERTIFICATE - CI

Critical Illness Claim under Policy No. :

on the life of (Full Name of the Life Assured) :

Following information should be furnished as per the hospital records.

- 1) a) Full Name of the Life Assured :
- b) Age :  Years
- c) Occupation :
- d) Address :
- e) Identification Mark (if any) :
- 2) a) Date of Admission :  D |  D |  M |  M |  Y |  Y |  Y |  Y
- b) Time of Admission :  --
- c) Admission Number :
- 3) Nature and duration of illness as reported at the time of admission. :
- 4) If the patient was referred to you, please state the name & address of the hospital/doctor concerned. :
- 5) a) History of illness reported at the time of admission :
- b) Who reported the history to you? :
- c) Who recorded the above history? :
- 6) What were the investigations done/advised to be done at the hospital? (if so please attach copies). :
- 7) What was the diagnosis arrived at in the hospital? :
- 8) Was there any other illness/disease prior to or co-existed with the ailment reported at the time of admission into the hospital? Give brief particulars of it. :

