HOSPITAL TREATMENT CERTIFICATE
ACCIDENTAL CLAIM

Accidental 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) a) Nature of Accident :

b) Date of accident, place where accident occurred, description of the accident (e.g. Road Traffic Accident, Drowning, etc.) : D D M M Y Y Y Y

c) Nature of injury/ies suffered by the insured :

d) Name and contact number of the doctor who recorded history. :

4) If the injured was referred to you, please state the name & address of the hospital/ doctor concerned. :

5) Please provide details and dates of the investigations conducted during the stay in the hospital, (if so please attach copies). : D D M M Y Y Y Y

D D M M Y Y Y Y

6) Please give details of the treatment rendered to/ surgical procedure undergone by the insured. Please furnish details in separate sheets, if required. :

7) Are you aware of any illness/disease, disorder (including any psychic or mental disorder) which the insured was suffering from prior to this accident? If yes, give brief particulars of it. :

8) Date of his/her discharge from the hospital : D D M M Y Y Y Y

9) Condition at the time of discharge :

10) Was the accident reported to the police? If so, please furnish the name and address of the police station and the date and time of the report. :

11) In case of death of the injured in the hospital was a post-mortem carried out? (If so, please furnish a copy of the Post-mortem Report) :

☐ Yes ☐ No

Certified that the above information is true and correct as per records of the hospital.

Date : D D M M Y Y Y Y

Signature :

Name of the Doctor :

Code No. :

Qualification and Designation :

Name of the Hospital :

Postal Address of the Hospital :

Telephone Number (with STD code) :

Hospital Seal / Stamp :