



MEDICAL ATTENDANT’S CERTIFICATE

Policy No: _____ Name of the Life Insured _____

Instructions for completion of this form:

- ◆ This form is to be completed by the medical attendant who had treated the life insured in his or her last illness.
- ◆ In case if there is more than one medical attendant, each will be required to submit a separate form.
- ◆ Please provide complete information. Incomplete and blank forms will not be entertained.
- ◆ Please fill in the form with clear and legible handwriting and avoid cutting and overwriting.

1. Please provide following information about the life insured:

Name: _____ Father’s Name: _____

CNIC No: _____ Date of birth or apparent age: _____

Mark of Identification: _____ Occupation: _____

Address: _____

Habits: _____

Was the insured related to you? If so how? _____

2. Please provide the following details about death of the life insured:

Date of death: _____ Time of death: _____

Place of death: _____

3. Please provide following details about cause of death:

a) Primary cause of death: _____

b) Secondary cause of death: _____

c) Result of autopsy or postmortem (if conducted): _____

d) Above cause of death was ascertained by: _____

- Examination after death
- Symptoms and appearance during life

e) Preceding disease and illness: _____

f) Co-existing disease or illness: _____

4. Please answer the following questions about presenting illness and treatment:

What were the symptoms of the illness?	
When did the deceased first observe them?	
What was the date on which you were first consulted during the illness	
Did you attend him / her during the whole of its course?	
If not state during what period?	
Did any other doctor/hospital attend him / her in last illness before or in consultation with you?	
If yes please specify the name of doctor/Hospital	
Please specify name and address	

How long had he / she been suffering from this disease before his / her death.	
Do you have any reason to suppose or to suspect that disease caused or aggravated by intemperate habits?	
Whether the deceased was aware of the nature of his disease, if yes ; since how long	

5. Please answer following questions related to past history of diseases of the life insured:

What disease or conditions the life insured had?	
What were the dates of diagnosis of above diseases or Conditions?	
Who had treated the life insured for these diseases and conditions? Please specify names and addresses of the treating doctors and hospitals.	
Who had reported this history to you?	

6. Are you his / her usual medical attendant? Please tick appropriate box:

Yes, since _____ No

7. Please specify what diseases or illnesses you have treated the life insured during last three years:

8. If you have replied in negative to Question No.06 above, please specify the name and addresses of the usual medical attendant(s) of the life insured: _____

9. Please specify any other information which you feel pertinent: _____

10. Please describe any other information or remarks to make in connection with this claim concerning the deceased's ailments, habits, mode of living etc? _____

Declaration: I, _____ medical attendant of the deceased _____ do hereby solemnly declare that the foregoing statements are true and correct to the best of my knowledge and belief and that the deceased did not die by his own act.

Signed at _____ this _____ day of _____ 20 _____

Signature with seal: _____

Qualifications: _____ Phone No: _____

Address: _____

Witness to signature and identity of medical attendant:

Signature with seal: _____

Name: _____ Occupation: _____

Postal Address: _____

Note: If the medical attendant is a civil or assistant surgeon or one of the State Life's authorized medical examiner, his /r her signature on this form may be witnessed by a person of character and responsibility other than a relative of the deceased life insured. In other cases, the witness must be a Gazetted Officer, Nazim, NaibNazim, Justice of Peace, Magistrate, Collector or Judge of the place or district where the death took place or officer of State Life (not below the rank of Area Manager on administrative side if he or she knows the claimant).