ICICI PRUDENTIAL LIFE INSURANCE

MEDICAL ATTENDANT'S/ HOSPITAL CERTIFICATE

(Format AI - Death Claim)

Policy Number _____ Date : _____

1. Personal details of the Patient (Life Assured):

Name	
Date of Birth	

2. Details of Hospitalization/ Treatment:

Name, Address & Tel. No. of referring Doctor	
Was he/ she treated as an In- patient or Out - Patient?	
Date of Admission/ consultation	

3. History reported at the time of Admission/ Consultation:

Details of illness/ Symptoms	
Duration of the above	
Date of Diagnosis	
Name, Address & Tel. No. of the Doctor/ Hospital who Diagnosed/ Treated the Patient	
Habits such as Drinking, Smoking (quantity & duration)	
History Provided by (Patient himself/ family member/ other)	
History Recorded by	

4. Details of Diagnosis made by you/ your Hospital:

Provisional Diagnosis	
Date of Provisional dignosis	
Tests done and results of the same for confirming the Diagnosis	
Final Diagnosis	

Date of final diagnosis	
Treatment Given	
Duration of the Treatment	
Date of Discharge/ Death	
If discharge, then condition at discharge & advice given for follow up	

5. Details relating to death of the patient in case he/ she was last seen/ treated by you/ your Hospital:

Primary cause of death	
Secondary cause of death	
Were these causes ascertained by examination after death or from the symptoms & appearances during life?	
Complaints / Symptoms just before the death	
Duration of these symptoms	
Was a Post Mortem recommended? If yes, please specify reason for the same	

6. Had the patient been admitted or treated by you or your Hospital earlier? If yes, Please provide the following details:

Date		In - Patient / Out - Patient	Reason for seeking treatment	Treatment given
From	To			

Signed at _____ this _____ day of _____20 _____.

Signature & Name of the Medical Attendant / Authorized Signatory:

_____

Name of the Hospital : _____
Address : _____
_____
_____
Tel no. : _____

Stamp of the Employer :

Note: Please attach copy of the records