Death Claim Form B

MEDICAL ATTENDANT'S CERTIFICATE

Policy No. _____Name of the Life Insured _____

Instruction for completion of this form:

This form is to be completed by the medical attendant who had treated the Life Insured after accident before death.

- Please provide complete information. Incomplete and blank form will not be entertained.
- Please fill the form with clear and legible handwriting and avoid cutting and overwriting.

1. Please provide following information about the Life Insured

I. Name:
_____

II. Father's Name: _____

III. NIC #:
_____

IV. Date of Birth/Age: _____

V. Mark of Identification: _____

VI. Was the Life Insured related to you? If so how?
_____

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

I. Date and Time of accident:
_____

II. Date and Time of death:
_____

III. Primary cause(s) of death:
_____

IV. Secondary cause(s) of death:
_____

V. Results of autopsy or postmortem (if conducted):
_____

VI. Any disease or pathological condition the Life Insured had before the accident?
_____

VII. How long the life insured had been suffering from the said disease or condition?

_____

VIII. Who reported this history to you?

_____

IX. Are you his/her usual medical attendant?

_____

X. If yes, since how long?

_____

XI. Please specify what disease or illness you have treated the Life Insured during last three years?

_____

__

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.

Signature with seal: _____ Signed at: _____

Qualification: _____ Registration #: _____

Address: _____

Witness to signature and identity of medical attendant:

Signature with seal: _____

Name: _____

Occupation: _____

Contact Number: _____

Address: _____

Note: If the medical attendant is a civil or Assistant Surgeon or one of the State Life's authorized medical examiners, his or her signature of 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, Chief Executive Officer of Municipality, 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 Assistant Manager on the administrative side or Area Manager on Marketing side), if he or she knows the claimant.