ASKARI LIFE
ASSURANCE COMPANY LIMITED

CLAIM FORM 'B'

MEDICAL ATTENDANT'S CERTIFICATE

(To be completed by the attending Physician/Surgeon during his/her last illness)

Policy No._____

1. (a) i) Full Name of deceased	_____
ii) Deceased C.N.I.C. No.	☐☐☐☐☐-☐☐☐☐☐☐☐-☐
iii) Father's Husband's Name	_____
iv) Mark of Identification	_____
v) Occupation	_____
vi) Residence Address	_____
(b) i) Date of Death	_____
ii) Time of Death	_____
iii) Place of Death	_____
iv) Bed, Room, Ward No. if died in Hospital	_____
(c) i) Primary cause of death	_____
ii) Secondary cause of death	_____
2. (a) i) Are you deceased's regular Medical Attendant/ Family Physician?	☐ YES ☐ NO
ii) If so, for how long?	_____
(b) Please give details of all Consultant:	
i) Dates	_____
ii) Complaints at Presentation	_____
iii) Patient's ailment (s) History, please give details approximately	_____
with period of ailment (s) apart form the above.	_____
iv) Treatment given	_____
3. Was the deceased refereed to you by some other Doctors(s) Hospital/Specialist?	☐ YES ☐ NO
(a) If so, give name & address of that Doctors(s) Hospital/Specialist?	_____
(b) His diagnosis/observation	_____
4. (a) i) Did you refer the deceased to any other Doctors(s) Hospital/Specialist?	☐ YES ☐ NO
ii) If so, please state your Diagnosis/Observation.	_____
(b) Name & Address of Doctor/Specialist/Hospital where Referred to:	
5. Please give details of Pathological & Clinical Test (s) done.	
a) Dates	_____
b) Nature of Test (s).	_____
c) Findings	_____

I, Dr. _____Medical Attendant of deceased _____

DO HEREBY SOLEMNLY DECLARE THAT the foregoing statements are true and correct to the best of my knowledge and belief.

Signed at _____ this _____ day of _____ 20 _____ .

SIGNATURE OF WITNESS _____

NAME OF THE WITNESS _____

OCCUPATION _____

POSTAL ADDRESS _____

_____

SIGNATURE OF MEDICAL ATTENDANT _____

QUALIFACATIONS _____

REGN. NO. _____

POSTAL ADDRESS _____

_____

If the Medical Attendant is one of the Company's authorized Medical Examiners his signature on the Certificate ma be witnessed by any person of known character and responsibility other than a relative of the deceased. In other case, the witness must be a Gazatted Officer on Chief Executive Officer of Municipality or a District Judge.