

c) Treatment given

7) Since when was the deceased under any kind of medical care. What were the complaints ?

Date : \_\_\_\_\_

Details : \_\_\_\_\_

\_\_\_\_\_

8) Please give details of treatment rendered in the past and for last illness

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9) Please provide details of the investigations conducted and tests undergone so as to confirm the diagnosis (attach separate sheets if required).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10) a) When was the final diagnosis made?

Date : \_\_\_\_\_

b) Since when did the deceased suffer from the ailment?

\_\_\_\_\_

\_\_\_\_\_

11) Did the deceased suffer from any antecedent illness ? If yes please give the details (attach separate sheets if required)

Date : \_\_\_\_\_

Details : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12) Was any Post Mortem Examination conducted?

\_\_\_\_\_

If yes, Please give the cause death as per the Post Mortem Report

\_\_\_\_\_

\_\_\_\_\_

13) Have you any other information to be shared with in connection with this claim concerning deceased's, habits etc.

\_\_\_\_\_

\_\_\_\_\_

I, Dr..... Medical Attendant of the deceased  
..... Do Hearby Solemnly Declare that the foregoing statements are True and Correct  
to the best of my knowledge and belief and the deceased did not die by his own act.

Signature:

Name: ..... NMC No: .....

Date: .....

Address: .....

Stamp: