

## Shanta Plaza, Gyaneshwor, Kathmandu Nepal P.O. Box No. 19433, Tel 4445941

## ATTENDING PHYSICIAN'S STATEMENT FOR DEATH CLAIMS

(This form is to be completed by the Medical Attendant of deceased during the last illness)

A qualified & registered physician should complete this form. Please attach separate sheets if required. This form should be filled in on the basis of the information available from the records maintained by the doctor.

Policy Number	:
<ol> <li>Full name, address &amp; occupation of the deceased</li> <li>a) Name</li> <li>b) Address</li> <li>c) Occupation</li> <li>a) Age of Life Assured at the time of death</li> </ol>	years
b) Was he/she related to you? If so, How?	
c) How long had you Know the deceased?	
3) a) Time of death	am/pm
<ul><li>b) Date of death</li><li>c) Place of death</li></ul>	
4) a) What was the immediate cause of death?	
b) Was there any contributory cause of death or any antecedent ailments	If yes, give details
c) What were the exact complaints/ symptoms?	
d) How long had he/she been suffering from this disease before death?	
e) What was the date on which you were first consulted for the last illness?	:
f) What was the date of last consultation/follow up?	:
5) Was the deceased treated by any other medical practitioner or in any hospital before you were consulted? If yes, please give	Name :
	Address :
6) Were you the deceased's usual doctor? If yes, Please state:-	
<ul><li>a) For how long</li><li>b) Date(s) of Consultation</li><li>c) Treatment given</li></ul>	

	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:
	separate sheets if required)	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	
	the best of my knowledge and belief and the deceased	nnly Declare that the foregoing statements are True and Correct I did not die by his own act.
Sig	gnature:	
Na	me:	NMC No:
Da	te:	
Ad	dress:	Stamp: