

# DOCTOR'S STATEMENT (DEATH CLAIM)

(To be completed by the deceased's attending doctor)

## 1. Particulars on the Insured (Deceased)

<b>Name</b> (As shown in NRIC / Passport)	<b>NRIC / PASSPORT No.</b>

## 2. Medical Records

<b>Date of Death</b> (dd/mm/yy)	<b>Cause of Death</b>	<b>Place of Death</b>	<b>Country of Death</b>
____ / ____ / ____			

a) Please state the name and address of the doctor who treated the deceased for this condition.

Name of doctor	Address of doctor's clinic / hospital

b) Deceased's first consultation date with you

D	D	/	M	M	/	Y	Y	Y	Y
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c) Please state the symptoms presented and the date symptoms first appeared.

Symptoms presented during first consultation	Date symptoms first started

d) Date of first diagnosis

D	D	/	M	M	/	Y	Y	Y	Y
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e) What are the treatments rendered to the Deceased?

Treatment given to the Deceased	Dates of treatment

f) What other significant conditions did the deceased suffered from?

Brief Description of Illness(es)	Date(s) Diagnosed (dd/mm/yyyy)	Name and Address of Attending Doctor

g) Was there any predisposing cause of the deceased's death (e.g. alcohol, narcotics etc, family history or occupation)?

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h) Did the deceased consult any other doctor(s) before consulting you?

Yes / No

If "Yes", please provide the details below

Name of Doctor	Address of doctor's clinic / hospital

<b>Signature and official stamp of doctor</b>	<b>Date (dd/mm/yyyy)</b>  ____ / ____ / _____
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