

Aditya Birla Sun Life Insurance Company Limited

Medical Attendant's Certificate (Group Death Claim)

Gro	Dup Policy No.:			
Name of Group Policyholder:				
Full	l Name of deceased Member:			
Date	Date of Death: D M Y Y Y Time of Death: H M M A.M / P.M. Place of Death:			
Cau	use of Death: (a) Immediate Month(s) (b) Primary Age:Years Month(s)			
1.	Are you the patient's regular attending physician? Yes No			
	If Yes, since how long had you been acquainted with the deceased?			
2.	When and for what illness did you treat the patient in the past?			
3.	Date on which you first attended the patient for the present illness			
4.	State exact duration of last illness prior to death			
5.	a) Was the deceased hospitalized during his illness? Yes No			
	b) If yes, kindly fill in the details of the patient as per hospital records?			
	Name of the Hospital:			
	Address of the Hospital:			
	Admission Date: D M M Y Y Y Discharge date: D D M Y Y IP NO.			
6.	Was a Post Mortem examination conducted? – Yes / No, if yes, please provide details.			
	Certified that the above information is correct as per the records maintained by me/hospital.			
	Name of the Doctor:			
	Address:			
	Contact Details:			
	Registration No.:			
	Seal of the Doctor: 20 Signed at On day of 20			
Dec	Declaration:			

I/We hereby certify that the above information is true and correct as per the records maintained by me/hospitals. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy.

Any confidential information, which in your opinion should be in the possession of the company, should be forwarded to Head Office at the below mentioned address

Contact Us: 1-800-270-7000

adityabirlacapital.com

