LIFE INSURANCE

Policy Number:

Address:

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

_ Age: L

CRITICAL ILLNESS RIDER FAMILY PHYSICIAN CERTIFICATE

Name of Patient: _

Ider	tification Mark: Contact Number: United States of the Contact Number United S	
1)	Date on which you first attended the patient for the illness.	
2)	How long do you believe the symptoms had been present when you were first consulted?	
3)	Please describe the underlying cause of the patient's condition.	
4)	Give full and exact details of the diagnosis and when was the patient informed of the same. Please give objective findings supporting the diagnosis and prognosis (include any results of histopath, current x-rays, E.C.G., MRI or any other special tests with dates).	
5)	Are you the patient's regular attending physician? If yes, since how long?	
6)	What is the patient's past health history and is there anything in the patient's family history which would have increased the risk of his condition?	
7)	Please provide details of physicians to whom the patient has been referred for the illness. Name, addresses and contact nos. of physician(s) &/or hospital(s)	
	Date of consultation and period of confinement(s) D D M M Y Y Y Y	
	If there is any further information, which in your opinion will assist us in assessing this claim, please furnish the information below.	
	Name of the physician: Registration No.: Address:	
	Tel No.: Mobile No.: Mobile No.:	
to r this	laration: We hereby certify that the above information is true and correct as per the records maintained by me/hospitals. I hereby provide my consent eceive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to Policy. confidential information, which in your opinion should be in the possession of the company, should be forwarded to Head Office at the below mentioned ress	
Sign	Date: D D M M Y Y Y Y Place:	
	Addition Birds Com Life Incompany Company Limited	