

LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



ADITYA BIRLA
CAPITAL

PROTECTING INVESTING FINANCING ADVISING

Family Physician's Certificate Accelerated Terminal Illness Premier Rider

(To be filled by Family Physician)

Name of Life insured: _____

Age:

Years:

Address: _____

1. Date on which you first attended the Life Insured 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 Life Insured's condition.

4. Give full and exact details of the diagnosis and when was the Life Insured 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 Life Insured's regular attending physician? If yes, since how long?

6. What is the Life Insured's past health history and is there anything in the Life Insured's family history which would have increased the risk of his condition?

7. According to you what is the the prognosis of the life insured on account of the diagnosis of the current disease?

8. Due to the ailment suffered by the life insured, what is the probable period of life expectancy anticipated for the life insured?

9. Please provide details of physicians to whom the Life Insured has been referred for the illness.

Names, Addresses and Contact Nos. of physician(s) &/or hospital(s)

Date of consultation and period of confinement(s)

If there is any further information, which in your opinion will assist us in assessing this claim, please furnish the information below.

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.

Name of the physician: _____

Registration No.

Address: _____

Tel No.: Mobile No.:

_____ Date: Place: _____

Signature with Seal

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:

FOR/1/17-18/1444

