LIFE INSURANCE

Aditya Birla Sun Life Insurance Company Limited



PROTECTING INVESTING FINANCING ADVISING

Attending Physian's Certificate for Critical Illness Rider

(Qu	estionnaire to be completed by the specialist who has treated the life insured for the illness)					
Nar	me of Patient: Date: DDMMYYYYY					
Occ	cupation: Age: Years					
Any	videntification Marks:					
Dat	mission: DDMMYYYY Time: HHMM AM/PM ient History:					
Disc	charge date: DDMMYYYY Time: HHMM AM/PM					
Exa	amination and Diagnosis:					
1)	Kindly describe in brief the symptoms of the illness noticed on examination?					
2)	How long do you believe the symptoms had been present when you were first consulted?					
3)	Were the symptoms noticed on examination consistent with the history reported on consultation/admission? If not, please state what in your opinior could have caused the illness.					
4)	Is there anything in the family history which would have increased the risk of his condition?					
5)	What was the final diagnosis and when was the patient informed about it? 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).					
	To be filled only in case of surgeries performed on the life insured					
	Date of surgery: Nature of surgery: Nature of surgery:					
	Performed by: Hospital Name and Address:					
	Contact No.:					

Treatment: 1) Kindly give particulars of treatment given? What is the present condition of the patient? 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 Doctor/Hospital: _____ Registration No.: _____ Tel No.: Mobile No.: Address: _ Declaration: 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

Place: ___

Signature & Seal: _____ Date: