



STATE LIFE
INSURANCE CORPORATION OF PAKISTAN
 Registered & Supervised by the Securities
 & Exchange Commission of Pakistan
KARACHI SOUTHERN ZONE

State Life Building No. 2, P.O. Box 4599
 Wallace Road, Karachi.

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Claim Form B

MEDICAL ATTENDANT'S CERTIFICATE

Policy No: _____ Name of the life insured: _____

Instructions for completion of this form:

- ◆ This form is to be completed by the medical attendant who had treated the life insured in his or her last illness.
- ◆ In case there are more than one medical attendant, each will be required to submit a separate form.
- ◆ Please provide complete information. Incomplete and blank form will not be entertained.
- ◆ Please fill in the form with clear and legible handwriting and avoid cutting and overwriting.

1. Please provide following information about the life insured:

Name: _____ Father's Name: _____
 NIC No: _____ Date of birth or apparent age: _____
 Mark of identification _____ Occupation: _____
 Address: _____

Habits: _____
 Was the life insured related to you? If so how? _____

2. Please provide following details about death of the life insured:

Date of death: _____ Time of death _____
 Place of death: _____

3. Please provide following details about cause of death:

- a) Primary cause(s) of death: _____
- b) Secondary cause of death: _____
- c) Results of autopsy or postmortem (if conducted): _____
- d) Above cause of death ascertained by:
 - Examination after death
 - Symptoms and appearance during life
- e) Preceding disease and illness: _____
- f) Co-existing disease or illness: _____

4. Please answer following questions about presenting illness and treatment:

What were the symptoms of the illness?
When did the deceased first observed them?
What was the date on which you were first consulted during the illness?
Did you attend him or her during the whole of its course? if not state during what period?
Did any other doctor/hospital attended him or her in last illness before or in consultation with you? Please specify names and addresses:
How long had he or she been suffering form this disease before his or her death?
Do you have any reason to suppose or to suspect that disease caused or aggravated by intemperate habits?
Whether the deceased was aware of the nature of his disease.

