



MEDICAL ATTENDANT'S CERTIFICATE

(To be completed by the Medical Attendant of the Deceased in his last illness)
In connection with claim under Policy No.:..... on the life of

1.	(a) What was the full name of deceased ? (b) What was his/her Occupation : (c) What is the name of his/her father/husband ?	(a) (b) (c)
2.	(a) What as nearly as you could judge was the age of deceased at death ? (b) Was he related to you and if so, how ? (c) Please describe complexion, any marks or physical peculiarities noticeable for purpose of identification.	(a) Apparent Age Years (b) (c)
3.	What was the time and date of his death ?	At O'clock AM/PM on the day of
4.	Where did he die ? (Give exact address) Ward No. VDC day of
5.	(a) What was the exact cause of death ? (Besides defining the disease or other cause of death in such terms as you consider appropriate, kindly add the distinctive technical name) (b) Was it ascertained by examination after death or inferred from symptoms and appearance during life ? (c) If the death was due to suicide, homicide, or accident please state which and describe. (d) How long had he been suffering from this disease before his death ? (e) What were the symptoms of the illness (f) When were you first observed by the deceased ? (g) What was the date on which you were first consulted during the illness ? Did you attend on him during the whole of its course ? If not, Please state during what period ?	a) (i) Primary cause (ii) Secondary cause b) c) d) e) f) g)

6.	(a) Were his habits sober & temperate ? (b) Have you any reason to suppose or to suspect that disease in his case was caused or aggravated by temperate habits ?	a) b)
7.	What other disease or illness preceded (i) or co-existed with that which immediately caused his death ? (ii) Give history of such disease or illness stating of (a) date when such first observed (b) by whom treated (c) by whom history reported to you	(i) (ii)
8.	(a) Was the deceased treated during his last illness by any other Medical Practitioners or in any Hospital before you were consulted ? (b) Did any other Medical Practitioners attend on him in consultation with yourself ? If not, please state the name and address of his usual Medical Attendant.	(a) (b)
9.	(a) Were you deceased's usual Medical Attendant ? (b) If so, for how long ? (c) If not, please state the name and address or his usual Medical Attendant.	(a) (b) (c)
10.	When and for what ailment did you treat the deceased during the three years preceding his last illness ?
11.	Was any inquest or formal Inquiry held regarding the death or was a post Mortem Examination of the body made ? If so, by whom and what was the result or finding ?
12.	Have you any other information or remarks to make in connection with this claim concerning the deceased's ailments, mode of living etc. ?

I Medical Attendant of the deceased
DO HEREBY SOLEMNLY DECLARE that the foregoing statements are True and Correct to the best of my knowledge and belief and that the deceased did not die by his own act.

Signature:

Date:

Name:

Qualification:

Address: