

EFU LIFE ASSURANCE LTD

ATTENDING PHYSICIAN’S REPORT

Section 1: This section of the form is to be filled out by the claimant:

- 1: Policy Number(s):
2: Name of life assured:
3: CNIC #
4: Date of death:
5: Place of death:

Section 2: This section is to be filled out by the physician who last attended the deceased.

Important Instructions:

Dear Doctor,

Please review the form in its entirety and then complete it with reference to the history of the patient. A complete and correctly filled claim form will help us analyze and expedite the claim process. The information disclosed in this information is strictly confidential and should be sent in the attached pre-paid envelope, duly sealed and stamped.

We would appreciate if you would kindly send us a copy of the hospital records along with this form.

- 1: Name of hospital:
2: Hospital / Medical Record #

- 3: Date of admission:
4: Date of discharge:

- 5: (a) Primary cause of death
Duration:
(Disease or conditions directly leading to death)

- (b) Secondary cause of death
Duration:
(Antecedant causes / Morbid conditions giving rise to the above cause)

- (c) Tertiary cause of death
Duration:
(Other illnesses / contributing factors)

- 6: What were the presenting complaints?

- 7: What was the previous history of illness?

- 8: What is the duration of above illnesses?

- 9: Was he under medication (if yes, please mention names of medicines)?

- 10: Since when was he taking the above medications?

11: Please complete the section below with reference to the past medical history of the life assured:

Table with 5 columns: Illness, Duration of illness (years), Date of First Diagnosis, Name of Treating Doctor, Name and Address of clinic / Hospital. Rows include Hypertension, Diabetes, Heart Disease, Chronic Kidney Disease, Hep B/ C/ Ch. Liver Disease, and Other: (name).

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12: Was the deceased referred by any doctor / hospital? If yes then please complete the following section:

Name of Doctor	Name and Address of Clinic /Hospital	Phone Number	Date of First Consultation

**In case of Accidental Death please fill out the section below:**

13: Date and Time of Accident: \_\_\_\_\_ 14: Nature: Road Accident  Murder  Other: \_\_\_\_\_

15: Was a postmortem conducted: \_\_\_\_\_; if yes, please provide post mortem # \_\_\_\_\_

16: Was a police report/ FIR lodged: \_\_\_\_\_; if yes, please provide reference # \_\_\_\_\_

17: Nature of exact injuries sustained? \_\_\_\_\_

\_\_\_\_\_

18: If death was due to suicide, homicide, or accident then please specify and briefly describe the event: \_\_\_\_\_

\_\_\_\_\_

19: Do you have any additional information to give about the deceased, his death or the claim being made? \_\_\_\_\_

\_\_\_\_\_

Full name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: \_\_\_\_\_ Cell # \_\_\_\_\_

Qualification: \_\_\_\_\_ Hospital phone # \_\_\_\_\_

Address: \_\_\_\_\_

