

LIFE INSURANCE CORPORATION OF INDIA

Annexure II  
Form. No. 3784  
CLAIM FORM B

Divisional Office ..... Branch Office.....

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 .....  
(Mention full name of the deceased)

1. What was the full name, address and occupation of deceased?

Name: .....

Address: .....

Occupation: .....

2. (a) His apparent age at the time of death ..... years

as could be judged

(b) Was he related to you and if so, how? .....

(c) Description of any marks or physical .....

peculiarities noticed by you for

purposes of identification

3. (a) Time of Death (a) ..... A.M./P.M

(b) Date of Death (b).....

(c) Place of Death (Give exact address) (c).....

.....

4. (a) What was the exact cause of death? (i) Primary cause.....

(Besides defining the disease or other (ii) Secondary cause.....

cause of death in such terms as you

consider appropriate kindly add the

distinctive technical name)

(b) Was it ascertained by examination after (b) .....

death or inferred from symptoms and

appearance during life?

(c) How long had he been suffering from (c) .....

This disease before his death?

(d) What were the symptoms of the illness? (d) .....

(e) When were they first observed by the (e) .....

deceased?

(f) What was the date on which you were (f) .....

first consulted during the illness?

(g) Did you attend him during the whole of (g) .....

its course?

If not, state during what period.

5. (a) Were his habits sober and temperate? (a) .....

(b) Have you any reason to suppose or to (b) .....

suspect that disease was in his case caused or aggravated by intemperate habits?

6. What other diseases or illness (i) preceded (i) .....

or co-existed with that which immediately (ii) .....

caused his death?

Give history of such disease or illness stating :

(a) Date when first observed? (a) .....

(b) By whom treated? (b) .....

(c) By whom history reported to you? (c) .....

7. (a) Was the deceased treated during his (a) .....

last illness by any other medical practitioner/s or in any Hospital before you were consulted?

If so, please state their names and .....  
Addresses

(b) Did any other Medical Practitioner/s (b) .....

attend on him in consultation with yourself. If so, please state their names and addresses

8. (a) Were you deceased s usual Medical (a) .....  
Attendant?

(b) If so, for how long? (b) .....

(c) If not, please state name and address (c) .....

of his usual Medical Attendant

9. When and for what ailments did you .....

treat the deceased during the three years preceding his last illness?

10. 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?

11. Have you any other information to give .....  
or remarks to make in connection with this claim concerning deceaseds ailments, habits, 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.**

Dated at..... this..... day of..... 20.....

Code No. .... (State here the Code Number if you are an authorised Medical  
Examiner of the Corporation).

Witness to signature and identity Signature of Medical Attendant  
of Medical Attendant

Signature..... Signature .....

Occupation..... Qualification.....

Postal Address..... Postal Address .....

NOTE: If the Medical Attendant is a Civil Assistant surgeon or one of the Corporation s authorized  
Medical Examiners, his signature to this Certificate may be witnessed by any person of  
known character and respectability other than relative of the deceased. In other cases, this  
statement must be countersigned by (1) an Advocate (2) an Agent of the Corporation (who is  
a member of an Agents Club at the level of Divisional Manager s Club or above), (3) a Bank  
Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a  
Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental  
Sub-Post Master (but not a Branch Post Master), (10) a Magistrate, (11) an Officer or  
Development Officer of atleast 3 years standing (12) a confirmed Development Officer recruited  
from the Agents, who were DM or BM Club Members before joining (13) a Development Officer  
recruited from agents who were ZM or Chairman s club members before joining or (14)  
President of a Village Panchayat or Local Body.