

LIFE INSURANCE CORPORATION OF INDIA
(Medical Attendants / Nephrologists Report)

Claim Form: AD (KF)-2

Divisional Office:

Branch Office:

Re: Kidney Failure Claim under Asha Deep policy No. _____
favouring _____
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(Note: This form should **NOT** be given to anyone in person but sent directly to the Branch Office in self-addressed envelope)

1) Since how long are you the Medical
Attendant of the Life Assured? : _____

2) i) The cause-of renal disease : _____

ii) When the assured first consulted you for

- (1) Diabetes :
- (2) Hypertension :
- (3) Kidney disease :

iii) What is the approximate date on which
the life assured became aware of the
renal disease or other systemic disease(s)
leading to renal failure?

3) Whether life assured is undergoing renal dialysis? : Yes / No

If Yes , give

- (a) Date of first dialysis :
- (b) Frequency of dialysis : / / Time/s per week
- (c) Mode of dialysis : Peritoneal / Haemo

4) Whether the renal disease at present

- (a) Reversible or Irreversible? : _____
- (b) End stage or compensated? : _____
- (c) Acute or Chronic? : _____

5) Whether arterio-veinous fistula present : Yes /No

6) Whether tubes are present in the Peritonium : Yes / No

7) Whether life assured has undergone kidney
transplantation? : Yes/ No

If Yes, give

- (a)Date of transplantation/s :
- (b)No. of transplants :
- (c)Description of scar : _____

8) Please give any additional information : _____

which will assist us in admitting the : _____

claim for chronic end stage renal failure. : _____

Signature: _____

Name: _____

Regn. No.: _____

Date:

Address :