

LIFE INSURANCE CORPORATION OF INDIA
(Medical Attendants Certificate)

Claim Form : AD (PS)-2

Divisional Office:

Re:Paralytic Stroke Claim under Asha Deep policy No
favouring

Branch Office:

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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) When the insured first consulted
you for the stroke? :

Date: / / /

ii) Did the insured suffer earlier from stroke
or any related illness like hypertension,
transient ischaemic attack, head injury,
spinal injury, meningitis, encephylitis,
diabetes, angina or other vascular disease(s)?
If Yes , please give date(s) of consultation
and the diagnosis : _____

3) Details of illness of the insured:

- i) Diagnosis of the stroke indicating etiology
and associated diseases, if any ? :
- ii) The power in the upper & lower limbs :
- iii) Whether able to walk with/without support?
- iv) Give the duration of neurological :
sequelae which resulted into paralysis.
- v) Is disability permanent? : Yes / No

4) Please give us any further information which you
feel will help us in admitting the claim.

Signature:
Regn. No.:

Date :

Address :