

CLAIM FORM NO.CIRB 16

**CLAIM UNDER CRITICAL ILLNESS RIDER (Third degree burns)
(To be filled by Medical Attendant)**

Claim Form : CIR(Third degree burns)

Divisional Office:

Branch Office :

Re : Third degree Burns Claim under CIR Policy No. _____
Fvg. _____

(Note : This form should not be given to anyone in person but sent directly to the Divisional Office in self-addressed envelope)

- 1) Are you the Life Assured's Medical Attendant? If yes, how long do you know the patient?
If no, who identified the life assured to you.
- 2) When did the life assured first consult you and what was the nature of consultation?
- 3) What was the history of the case at the time of admission as informed to you?
- 4) What according to you is the likely event resulting in burns?
- 5) What was the cause of burns ? (thermal/electric/chemicals)
- 6) Which parts of the body were affected? Please provide details.
- 7) Nature of burns : 1st degree/ 2nd degree/ 3rd degree :
- 8) What percentage of the body surface has been affected?
- 9) Please provide details of all consultations and investigations done and dates on which they were performed eg. blood tests, xray, etc .
- 10) Give details of the treatment including any surgery/blood transfusions done:
- 11) Do you have any reason to believe that the cause could be due to self inflicted injury?
- 12) Whether the life assured had a past history of hypertension, heart disease, angina, vascular disease, diabetes? If yes, please give details of diagnosis , dates of diagnosis and treatment.
- 13) Particulars of investigations and surgery undergone alongwith dates performed.
Eg blood tests, xray, USG, CT scan, MRI, ECG, etc
- 14) Name, address and telephone number/s of the Hospital/s where the life assured was treated.
- 15) Names and addresses of specialists/ surgeons/radiotherapists/other specialists consulted
- 16) Are you aware of any history of psychiatric illness of the life assured? If yes, please provide details of the date of occurrence, diagnosis and treatment details.
- 17) Please provide any further information which may be of assistance to us in assessing the claim.

Kindly submit the original reports of all investigations and Operating Surgeon s report, Consultant s reports, all blood test reports, Xray, ECG, Hospital discharge summary, follow up reports and any other reports of the life assured available with you.

I hereby declare that the above statements are true and complete to the best of my knowledge.

Signature of the Medical Attendant.

Date :
Place :

Name :
Regn. No. :
Qualification :
Address :
Tel.No.: