

Attending Physician Statement

(Death Claim)

Important Notes

1. This form is to be completed by the life insured's (Patient's) doctor.
2. To enable us to process the claim promptly, please ensure that the form is fully completed. If any of the questions is not applicable, please state "NA".
3. We reserve our rights to request for additional information or documents, if needed.
4. If you have any questions while completing this form, please contact our Customer Care Centre at +65 6880 4888.

1. Patient's Information

Full name of Patient (Life Assured)	NRIC No./ Passport No. (for foreigners only)

2. Medical History

(i) Details of Consultation

Date of Consultation	Symptoms Presented	Duration of Symptom	Diagnosis	Date of First Diagnosis	Medical Treatment Provided

(ii) Did the Patient consult any doctor before consulting you?

Yes No

If "Yes", please provide details

Name of doctor	Hospital/ Clinic	Date of Consultation	Diagnosis

3. Cause of Death

(i) Please provide the causes of death

Cause of Death	Approximate Interval Between Onset and Death			
	Years	Months	Days	Hours
(a) _____ Due to (or as a consequence of)				
(b) _____ Due to (or as a consequence of)				
(c) _____ Due to (or as a consequence of)				

(ii) Was there any predisposing cause of the deceased's death (e.g. alcohol, narcotics etc, family history or occupation)?

Yes No

If "Yes", please give full details including the date of commencement and source of information.

(iii) Was the death caused by an accident?

Yes No

If "Yes", please provide details

Date of Accident	Cause of Accident	Extent of Bodily Injury	Bodily Injury Consistent with Accident?
			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Any Other Information

(i) Please provide us with any other additional information that will enable the Company to assess the claim

Date

Signature & Official Stamp of Doctor