

Medical Attendant's Certificate (Death Claim)

Name of Deceased (Life Assured)

1) (a) Please quote the deceased's identity card number from your records

(b) Place at time of death

(c) Occupation

2) (a) Were you the deceased's ordinary medical attendant?

 Yes No

If Yes, how long, otherwise give name of the usual medical attendant if known to you.

(b) Give the names and addresses of any other practitioners who to your knowledge attended the deceased during the past three years.

(c) Did you attend to the deceased during his/her last illness ?

 Yes No

If Yes, for what complaint?

(d) On what date did you first see and treat the deceased?

(e) Were you present at the time of death ?

 Yes No

If no, on what date did you last treat the deceased?

(f) Have you treated the deceased for any other illness?

 Yes No

If Yes, for what complaint and when?

3) (a) What was the primary cause of death and its duration?

(b) From what other significant disease did the deceased suffer and for how long?

4) For how long was the deceased hospitalised, confined to house or prevented from attending to business?

5) Was there any predisposing cause of the deceased's death in his/her habits (use of alcohol, narcotics, etc.), family history, occupation or previous sickness?

6) Please give any other information you feel may be relevant.

I hereby declare that the above answers are true to the best of my knowledge and belief.

Signature

Name

Date

Practice Stamp

Professional Qualification