

5. (i) Did the Life Assured consult other doctors for this illness or its symptoms **before** he consulted you? If 'yes', please give names(s) and address(es) of the doctors(s) whom he consulted.

(ii) Please provide names and addresses of any hospital or clinic to which the Life Assured was referred together with the names of the consultants attended.

6. Please attach copies of all hospital, X-Ray, surgical, histological, radiological reports and supply details of laboratory or any other tests (for e.g., biopsy) done. (This would help us to process the insurance claim promptly.)

7. If there is any further information, which in your opinion, will assist our Medical Referee in assessing this claim, please furnish such information below:

Signature

Date _____

Name, Address and Official Stamp

