

DOCTOR'S STATEMENT (Death Claim)

To be completed by the deceased's attending doctor

A. Deceased's particulars

Name (as shown in NRIC / Passport)	NRIC / Passport Number
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B. Medical Records

1. Please state the period of deceased's record with the Hospital/Clinic?

a. Date of first consultation _____(dd/mm/yyyy)

b. Date of last consultation _____(dd/mm/yyyy)

Please provide reason for consultations:

Consultation date	Reason for consultation

2. Did you attend to deceased's last illness? ☐ Yes ☐ No

If Yes, please provide details below:

Symptoms presented at first consultation	Date symptoms first started (dd/mm/yyyy)	Source of information (Life Insured/referring doctor etc.)

a. What was the diagnosis?

b. Date diagnosis was made known to the deceased _____(dd/mm/yyyy)

c. What were the treatment administered and the period of treatment?

Treatment	Period of Treatment

3. Please provide details of deceased's regular attending doctor (if any).

Name of doctor	Address of doctor

C. Details Of Death

1. What was the cause of death?

2. What was the interval between onset and death?

3. Please state the name and address of the doctor(s) who treated the deceased for the illness/condition.

Name of doctor	Address of doctor

4. Please provide details of any other significant illness(es) that the deceased suffered from:

Diagnosis Date	Illness(es)	Name and address of doctor consulted

5. Was the cause of death due to any underlying disease / chronic illnesses? ☐ Yes ☐ No
If Yes, please provide details below:

Diagnosis Date	Diagnosis & Treatment	Name and address of doctor who treated patient

6. Was the deceased's death arising from any predisposing habit (e.g. use of alcohol, narcotics etc), family history, occupation or previous sickness? ☐ Yes ☐ No

If Yes, please provide details including start date, doctors consulted, blood alcohol content, drug used/type and quantity consumed.

7. Was the deceased's death due to suicide, self-destruction or intentional self-inflicted injury? ☐ Yes ☐ No

If Yes, please provide details:

8. Was the deceased's death due to accident? ☐ Yes ☐ No

If Yes, please provide details below:

Place of accident	Date of accident

- a. Please describe how the accident occurred.

- b. Please describe the nature and extent of injuries sustained.

9. Did the deceased consult any other doctor(s) before consulting you? ☐ Yes ☐ No

If Yes, please provide details below:

Date of consult	Name of doctor	Address of doctor

10. Please provide us with any other information that will assist us in assessing the claim.

D. Details Of Doctor

Signature of attending doctor	Date (dd/mm/yyyy) ____ / ____ / ____
Name & Qualification:	Address and Official Stamp of Hospital / Clinic: