

**DEATH CLAIM  
DOCTOR'S STATEMENT**

\* Please delete where appropriate

For Official Use										
G	E	L	S	-						

Name of Life Assured:

NRIC/ Passport No.:  Date of Birth (dd/mm/yyyy):  Gender: M / F \*

1. (a) Date of deceased's first consultation with you: 

Day	Month	Year
- (b) Date of subsequent consultation: \_\_\_\_\_
- (c) Please state symptoms presented and date symptoms first appeared.

Symptoms Presented at First Consultation	Date Symptoms First Started (DD/MM/YY)

What is the source of this information? \_\_\_\_\_ Life Assured/ Referring Doctor/ Others\*

If "Others", please specify the name of the person and relationship to the Life Assured:  
\_\_\_\_\_

(d) Date when deceased first became aware of symptoms: 

Day	Month	Year

(e) Diagnosis: \_\_\_\_\_

(f) Date of FIRST diagnosis: 

Day	Month	Year

(g) Date diagnosis was made known to the deceased: 

Day	Month	Year

(h) What was the exact information conveyed to the deceased?  
\_\_\_\_\_

(i)

Treatment given to Deceased	Date(s) of Treatment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor



2. (a) What other significant condition did the deceased suffered from?

Brief Description of Illness(es)	Date(s) Diagnosed (DD/MM/YY)	Name and Address of Attending Doctor

(b) 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.

---



---

3.

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)				

4. Did the deceased consult any other doctor(s) before consulting you? YES / NO\*

If "YES", please give his/ her name and address.

---



---

5. Please provide us with any other additional information that will enable the Company to assess this claim.

---



---



---

\_\_\_\_\_ Date

\_\_\_\_\_ Signature & Official Stamp of Doctor