**Max Life Insurance Co.Ltd.**
90 A, Sector-18, Udyog Vihar, Gurgaon-122015, Haryana
Phone Number- 0124-4219090- Extn- 9699, Toll Free- 18002007
Email- claims.support@maxlifeinsurance.com

## III. Please tick (at least one) category / condition specifying the patient's ailment / Condition / Surgery

| | | |
|---|---|---|
| ☐ Cancer | ☐ Multiple Sclerosis | ☐ Kidney Failure |
| ☐ Heart Attack | ☐ Stroke | ☐ Major Organ Transplant |
| ☐ Coronary Artery Bypass Graft | ☐ Heart Valve Surgery | ☐ Alzheimer's Disease |
| ☐ Blindness | ☐ Loss of Speech | ☐ Medullary cystic disease |
| ☐ Muscular dystrophy | ☐ Cardiomyopathy | ☐ Loss of limbs |
| ☐ End Stage Lung Disease | ☐ Necrotising Fasciitis | ☐ Brain Surgery |
| ☐ Parkinson's disease | ☐ Primary Pulmonary Hypertension | ☐ Terminal Illness |
| ☐ Major Burns | ☐ Apallic Syndrome | ☐ Aplastic Anaemia |
| ☐ Motor Neurone disease | ☐ Surgery of Aorta | ☐ Major Head Trauma |
| ☐ Loss of Independent Existence | ☐ Coma | ☐ Paralysis/Paraplegia |
| ☐ End Stage Liver Disease | ☐ Deafness | ☐ Poliomyelitis |
| ☐ Total and Permanent disability | ☐ Multiple trunk avulsions of the brachial plexus | |
| ☐ Benign Brain Tumour | ☐ Systemic Lupus Erythematosus | |
| ☐ Angioplasty and other invasive treatment for CAD | | |

## IV. Other Information

Name and address of hospital where patient was admitted:……

Date of Admission…….. Date of Discharge ……

Any other information, which in your opinion will assist us in a assessing this claim? If "Yes", please give details below…….

I……Medical Attendant of the Life Assured ……do hereby solemnly declare that foregoing statements are true and correct to the best of my knowledge and belief.

Dated at……this……..day of……

Stamp of Medical Attendant

Signature of Medical Attendant……
Name of Medical Attendant ……
Qualifications……
Phone number ……
Mobile No……Email ID……