

Attending Physicians Statement- Disability Benefit Claims- Form TD
(Applicable for PAB, WOP and Payor Rider Disability Claims)

(A qualified and registered medical practitioner should complete this form. Policy Holder, Life Insured who are also medical practitioners or their Spouse, or Lineal Relative of Policy Holder/Life assured cannot fill it).

I. General Information

- 1 a) Name of the Patient..... b) Age.....
2. Are you the patient's usual doctor? If "yes", please give details. How long have you known the Patient?
 Date of consultation..... Diagnosis.....Treatment given.....
3. Was the patient referred to you by another doctor or hospital? If "Yes", please give details:
 Name of doctor/ hospital.....Address of doctor/hospital.....

II. Information about the Disability

1. Date of Accident/Diagnosis/Disability, as the case may be
2. Details of Diagnosis.....
3. Nature of Disability-(Tick any one) Permanent Temporary
4. Extent of Disability-(Tick any one) Total Partial
5. Is the Patient capable of performing the following activities of daily living
- Dressing Using the Toilet Walking Feeding Him/Herself
- Using Telephone Bathing Taking Medication
6. Is the Patient capable of engaging in any gainful activity or carrying out any work, occupation, or profession to earn or obtain any wages, compensation, remuneration or profit.....
7. Any Other Past Medical History.....
7. What is the prognosis.....

III. Other Information

1. Name and address of hospital where patient was admitted:
2. Date of Admission..... 3. Date of Discharge
3. 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 Assureddo hereby solemnly declare that foregoing statements are true and correct to the best of my knowledge and belief.

Dated at.....this.....day of.....20.....

Stamp of Medical Attendant

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