Annexure II
FORM NO : 3784
CLAIM FORM "B"

भारतीय जीवन बीमा निगम
Life Insurance Corporation of India
Central Office, Mumbai

Divisional Office

Branch Office

MEDICAL ATTENDANT'S CERTIFICATE

(To be completed by the Medical Attendant of the Deceased in his last illness**)**

In connection with claim under Policy No on the life
(Insert full name of the deceased)

1. What was the full name, address and occupation of the deceased ? Name : Addr1: Addr2: Addr3: Pin Occupation :	
2. a. His apparent age at the time of death as could be judged ? b. Was he related to you and if so, how ? c. Description of any marks or physical peculiarities noticed by you for purposes of identification.	Years
3. a. Time of Death. b. Date of Death c. Place of Death (Give exact address)	a.m/p.m
4.a. What was the exact cause of death? (Besides defing the disease or other cause of death in such terms as you consider appropriate kindly add the distinctive technical name). b. Was it ascertained by examination after death or inferred from symptoms and appearance during life ? c. How long had he been suffering from this disease before his death ? d. What were the symptoms of the illness ?	a. Primary Cause Secondary Cause

e. When were they first observed by the deceased ? f. What was the date on which you were first conslulted during the illness ? g. Did you attend him during the whole of its course ? If not, state during what period ?	
5. a. Were his habits sober and temperate ? b. Have you any reason to suppose or to suspect that disease was in his case caused or aggravated by intemperate habits ?	
6. What other diseases or illness (i) preceded (ii) or co-existed with that which immediately caused his death ? Give history of such disease or illness stating a. Date when first observed ? b. By whom treated ? c. By whom history reported to you ?	(i) (ii) a. b. c.
7. a. Was the deceased treated during his last illness by any other medical practitioner/s or in any Hospital before you were consulted ? If so, please state their names and addresses. b. Did any other Medical Practitioner/s attend on him in consultation with yourself ? If so please state their names and addresses.	
8. a. Were you deceased's usual Medical Attendant ? b. If so, for how long ? c. If not please state name and address of his usual Medical Attendant?	
9. When and for what ailments did you treat the deceased during the three years preceding his last illness ?	
10. Was any Inquest or formal inquiry held regarding the death or was a Post Mortem Examination of the body made ? If so by whom and what was the result or finding ?	
11. Have you any other information to give or remarks to make in	

connection with this claim concerning deceased's ailments,habits,mode of living etc.,	
I, Medical Attendant of the deceased DO HEREBY SOLEMNLY DECLARE that the foregoing statements are true and correct to the best of my knowledge and belief **and that the deceased did not die by his own act.** Dated at this day of Code No (State here the code number if you are an authorized Medical Examiner of the Corporation). Witness to Signature and identity of Medical Attendant Signature Occupation Postal Address NOTE : If the Medical Attendant is a Civil Assistant Surgeon or one of the Corporation's authorized medical Examiners, his signature to this certificate may be witnessed by any person of known character and respectability other than relative of the deceased. In other cases, this statement must be countersigned by (1) an advocate, (2) an Agent of the Corporation (who is a member of an Agents club at the level of Divisional Manager's club or above), (3) a Bank Manager, (4) a Block Development Officer, (5) a Commissioner of Oaths, (6) a Doctor, (7) a Gazetted Officer, (8) a Head Master of a High School, (9) a Head Post Master or Departmental Sub-Post Master but not a Branch Post Master, (10) a Magistrate, (11) An Officer or Development Officer of atleast 3 years standing (12) A confirmed Development Officer recruited from the Agents, who were DM or BM Club Members before joining (13) A Development Officer recruited from agents who were ZM or Chairman's club members before joining (14) President of a Village Panchayat or Local Body.	Signature of Medical Attendant Signature Occupation Postal Address