



# IME Life Insurance Company Limited

Hathway Complex, Lainchour-26, Kathmandu, Nepal

Phone No:4024071, Fax No:4024075

## MEDICAL ATTENDANT'S CERTIFICATE

[To be completed by the Medical Attendant of the deceased in the last illness]

In connection with claim under **Policy No** .....

Full Name of Deceased.....

<p>1. What was the full Name, age, Address and occupation of deceased ? Deceased's Father's Deceased's Grand Father's Deceased's Spouse Name</p>	<p>..... ..... ..... ..... .....</p>
<p>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 purpose of identification.</p>	<p>..... ..... ..... .....</p>
<p>3. A] Time of Death? B] Date of Death? C] Place of Death [Give exact address].</p>	<p>..... ..... .....</p>
<p>4. A] What was the exact cause of Death? Besides defining 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 referred from symptoms and appearance during life Date of Death? C] How long had he been suffering from this disease before his death? D] What were the symptoms of the illness? E] When were they first observed by the deceased? F] What was the date on which you were first consulted during the illness? G] Did you attend him during the whole of its course? If not, state during what period?</p>	<p>i) Primary Cause..... ii) Secondary Cause..... ..... ..... ..... ..... ..... ..... ..... .....</p>
<p>5. A] Were his habits sober and temperate? B] Have you any reason to suppose or to suspect that decease was in case caused or aggravated by intemperate habits?</p>	<p>..... .....</p>

<p>6. A] What other disease or illness  (i) Preceded (ii) or co-existed with that which immediately cause his death?  B] Give history of such disease or illness stating?  B.1.] Date when first observed?  B.2.] By whom treated?  B.3.] By whom history reported to you?</p>	<p>.....  .....  .....  .....</p>
<p>7. A] Was the deceased treated during his last illness by any other medical practitioners or in any hospital before you were consulted? if so please state their names and address.  B] Did any other Medical Practitioners attended on him in consultation with yourself? If so, please state their names and address.</p>	<p>.....  .....</p>
<p>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?</p>	<p>.....  .....  .....</p>
<p>9. When and for what ailment did you treat the deceased during the three-year preceding his last illness?</p>	<p>.....</p>
<p>10. Was any inquest or formal enquiry held regarding the death or post mortem examination of the body made? If so, whom and what was the result or finding?</p>	<p>.....</p>
<p>11. Have you any other information or remarks to make in connection with his claim concerning deceased's ailments, habits, mode of living etc.</p>	<p>.....</p>

I .....Medical Attendant of deceased.....  
DO HEREBY SOLEMNLY DECLARE that 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 ..... 201.....

**Signature and identity of Medical Attendant**

Signature .....  
Name.....  
Qualification .....  
Regd. No.....  
Address .....