



I.M.E. Life Insurance Company Limited

Hathway Complex, Lainchour-26, Kathmandu, Nepal
 Phone No.: 01-4024071

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. Details of the Patient as per the Hospital Record</p> <p>Full Name</p> <p>Age</p> <p>Address</p> <p>Occupation</p> <p>Identification Mark (if any)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. A) Date of Death</p> <p>B) Time of Death</p> <p>C) Exact cause of Death</p> <p>Primary Cause:</p> <p>Secondary Cause:</p> <p><i>(Kindly add the distinctive technical name)</i></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>3. Was the patient undergoing any treatment before being admitted to the hospital? (if yes, please mention the nature of illness and the reason for treatment)</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>4. A) When was the patient brought to the hospital for admission?</p> <p>B) What complaints were reported at the time of admission?</p> <p>C) What medical history was reported at the time of admission?</p> <p>D) Who reported the history, (i) patient, (ii) other (mention the name and relation with patient)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>5. Was the patient treated during his last illness by any other medical practitioners or in any other hospital before you were consulted? If so, please mention their names and address.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>6. A) How long has the patient suffered from the illness?</p> <p>B) Date of first consultation with you</p> <p>C) Did you attend the patient during the whole of its course? If no, please state during what period.</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>7. Were you the patient's usual medical attendant? (If yes, for how long? If no, please state the name and address of his usual medical attendant.)</p>	<p>.....</p> <p>.....</p>

8. A) What other disease or illness preceded co-existed with that which immediately caused the death? B) Give history of such disease or illness stating i) Date when first observed ii) Treated by iii) History reported by
9. 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 of the finding?
10. Do you have any other information or remarks to make in connection with this claim concerning deceased's ailments, habits, mode of living, etc.

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 Year Month Day

Signature and identity of Medical Attendant

Authorized Signature
 Name
 Qualification
 NMC No.
 Address

