



Policy No.
Claim No.

Tata AIA Life Insurance Company Limited
(hereinafter called "Tata AIA" or "the Company", whichever is applicable)

CONFIDENTIAL MEDICAL REPORT

To be completed in BLOCK letters by a duly qualified and registered medical practitioner at the Insured/Claimant's expense and sent direct to: The Medical Director, Tata AIA Life Insurance Co. Ltd., B- wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) Pin Code – 400 607.

Name of Insured	Age
	Sex
Insured's Address	I. D. No.
	I. D. Document Type
Illness/Condition	

Are you Insured's usual medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your first consultation on this illness/condition
Medical records date back to MM DD YYYY	MM DD YYYY
Presenting symptoms at first consultation, their nature & duration	Past medical history, family history and co-morbid conditions

Tests and investigations performed, dates and results (please **enclose a copy of the results**).

Final Diagnosis, stage and areas involved	Date of Diagnosis	Date advised to Insured
	MM DD YYYY	MM DD YYYY

Course of illness, treatment and the dates

Is the condition (please tick & give details as applicable)

permanent & irreversible _____

_____ congenital

or hereditary disease _____

related AIDS or HIV infection Confirmed by _____ Date: _____

Other doctors/hospitals involved in the care of the Insured

<u>Name</u>	<u>Address</u>	<u>Telephone No.</u>

Name of Doctor _____

Qualification _____ Signature _____

Reg. No. & Place _____ Date _____

Address & Official Stamp _____