

Tata AIA Life Insurance Company Limited
 (hereinafter called "Tata AIA", whichever is applicable)
PROOF OF DEATH (PHYSICIAN'S STATEMENT)

Policy No.:

Claim No.:

To be completed in BLOCK letters by a duly qualified and registered medical practitioner at the claimant's expense.
 Please answer all questions, use "not applicable" (N/A) as appropriate instead of leaving it blank.
 Counter-sign where amendments/alterations are made in the form.

1. A. Deceased's name in full	A	
B. Age and Sex	B	
C. Residence at time of death	C	
D. Occupation at time of death	D	
2. How long have you known deceased		
3. How long have you been the medical attendant or adviser of the deceased?		
4. A. Date of your first visit	A	
B. Date of your last visit	B	
5. A. Did you attend deceased during his/her last illness?	A	
B. If so, for what disease?	B	
6. A. Place of Death.	A	
B. Date of Death.	B	
7. A. What was the immediate cause of death?	A	
B. How long, in your opinion, did deceased suffer from this disease/ condition?	B	
8. A. From what other important disease, if any, did the deceased suffer?	A	
B. Give, as nearly as you can, the duration of each one.	B	
9. A. For how long was deceased confined to the house, or prevented from attending to business?		
B. If yes, why?		
10. Was there any special cause, direct or indirect, for the death in the habits, occupation, or residence of the deceased?		
11.A. Did deceased use alcohol or narcotics?	A	
B. If so, did they contribute to the fatal cause?	B	

12. Give names and addresses of all other physicians and other practitioners who, to your knowledge, attended deceased during the past three years.

Name	Address	Disease or Impairment and date

13. What was the age of deceased?	
14. Additional Remarks	
<p>I, the undersigned, hereby declare that I was the doctor in attendance during the last illness of _____ who was assured with Tata AIA under Policy No. _____ and that the foregoing answers are each and all true to the best of my knowledge and belief.</p>	

Name of doctor and qualifications

Signature and official chop

Registration No. & Place

Date

Address and telephone number

Email address