

1. Name of the Insured (in whose name the policy is issued)

2. Policy No.

Period of Insurance

to

Sum Insured

3. Address of the Insured

4. Name of the Insured Person (in respect of whom the claim is made)

Relationship with the Insured

Present c

Attending Medical Practitioner's Statement

To be answered by attending Medical Practitioner in complete.
(To be filled in case discharge summary does not contain the following information)