

TERMINAL ILLNESS BENEFIT CLAIM FORM

Specialist Medical Attendant's Statement for Terminal Illness Benefit Claim

This form is for the purpose of an Bandhan Life Insurance Limited. insured making a Terminal Illness Claim. This form must be completed by the insured's treating Specialist Doctor. You as the Specialist treating doctor must be a Specialist in the field for which the insured is making a claim. You as the treating Specialist must complete all sections in this form and provide all accompanying materials as requested in this form. If you are unable to complete any section, provide written reasons for this. This completed form, along with completed Claim Application Form and Attending Physician's statement must be submitted to Bandhan Life Insurance Limited. in order for the insured's claim to be considered. If there is insufficient space on the form, please use additional pages and clearly indicate to which question the additional information relates. If you require payment of a fee to complete this form, payment is the responsibility of the insured making the claim.

Patient's Full Name : _____

Patient's Address : _____

Date of Birth : -- / -- / ----

Diagnosis Primary : _____

Secondary : _____

Date of Diagnosis : -- / -- / ----

In your opinion, are you satisfied that the above-mentioned patient suffers from a terminal illness, or has incurred an injury, that is likely to result in their death within 6 months of the date of this report? Yes No

Comments: _____

Please submit all investigation (E.g.: Blood Reports, ECG, Angiography, Histopathology, Radiology Reports like CT scan, MRI etc.) along with the discharge summary from the Hospital and any other related report(s) based on which the above diagnosis and prognosis has been derived. Please note that in the absence of these reports, submission of this form will be treated as incomplete.

I declare that the above details are true and correct.

Signature : _____ Date: -- / -- / ----

Stamp/ Seal :

Your Name : _____

Qualifications : _____

Surgery Address : _____

Phone : _____

Email : _____



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