

Attending Physician's Accelerated Terminal Illness Premier Rider

(Questionnaire to be completed by the specialist/Hospital which treated the life insured for his illness)

Name of Life insured: _____ Age: Years:

Occupation: _____ Any identification Marks: _____

Address: _____

Admission:

Date: Time: _____

Life insured History: _____

Discharge date:

Examination and Diagnosis:

1. Kindly describe in brief the symptoms of the illness noticed on examination?

2. How long do you believe the symptoms had been present when you were first consulted?

3. Were the symptoms noticed on examination consistent with the history reported on consultation/admission? If not, please state what in your opinion could have caused the illness.

4. Is there anything in the family history which would have increased the risk of his condition?

5. What was the final diagnosis and when was the life insured informed about it?

6. How accordingly to you is the prognosis of the life insured on account of the diagnosis of the current disease?

7. Due to the ailment suffered by the life insured, what is the probable period of life expectancy anticipated for the life insured?

To be filled only in case of surgeries performed on the life insured

Date of surgery: _____

Nature of surgery: _____

Performed by: _____

Hospital Name: _____

Hospital Address: _____

Hospital Contact no:

Treatment:

1. Kindly give particulars of treatment given?

2. What is the present condition of the life insured?

If there is any further information, which in your opinion will assist us in assessing this claim, please furnish the information below:

I/We hereby certify that the above information is true and correct as per the records maintained by me/hospitals. I hereby provide my consent to receive call from Aditya Birla Sun Life Insurance Company Limited (ABSLI) or its authorized Service Providers in connection with any matter related to this Policy.

Name of the Doctor/Hospital: _____

Registration No.

Contact no:

Address: _____

Signature & Seal

Date:

Place: _____

Any confidential information, which in your opinion should be in the possession of the company, should be forwarded to Head Office at the below mentioned address:

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FOR/1/17-18/1522