

LIFE INSURANCE CORPORATION OF INDIA

(Medical Attendant / Oncologist s Report)

Claim Form: AD(C)-2

Divisional Office:

Branch Office:

Re: Cancer (Malignant) Claim under Asha Deep Policy No. _____
favouring. _____

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(Note: This form should **NOT** be given to anyone in person but sent directly to the Branch Office in self-addressed envelope)

- 1) Since how long are you the Life Assured s Medical Attendant? : _____
- 2) Give details of cancer
 - i) Date of first consultation //
 - ii) Diagnosis : _____
- 3) Whether the life assured had a past history of tumour/Cancer/H IV infection. If Yes , give
 - i) Date of diagnosis : //
 - ii) Details of treatment _____
- 4) Details of Insured s illness:
 - i) State whether it is a case of solid/liquid malignancy : _____
 - ii) Please state
 - (a) from which organ cancer originated : _____
 - (b) details of precise anatomical & Histopathological diagnosis : _____
 - iii) Whether cancer has invaded adjacent tissues? : Yes / No
 - iv) Whether cancer is completely Localised and non-invasive? : Yes / No
 - v) Whether regional lymph nodes affected? : Yes / No
 - vi) Whether there are distant metastatis? : Yes / No
 - vii) What is the present stage of cancer : Classification?
5. Please give us any further information which you feel will help us in admitting the claim

Date:

Signature of Medical Attendant

Regn. No: _____