

LIFE INSURANCE CORPORATION OF INDIA

Claim Form: AD (CABG)-1

Divisional Office:

Branch Office:

Re: CABG Claim under Asha Deep Policy No. _____

favouring _____

(The Questionnaire to be completed by the Life Assured)

1) Full Name :

Address :

2) Give below details of symptoms such as chest pain, giddiness. Breathlessness, perspiration, High B.P.etc.

i) Approximate Date :

ii) Type of Complaint/s :

iii) Investigations undergone :

iv) Treatment taken :

3) Give particulars of Doctors consulted :

Name & Address Date/s of consultation

i) Medical Attendant

ii) Cardiologist

iii) Operating Surgeon

4) Particulars of Hospital/Medical Centre where operated :

(i) Name:

(ii) Address:

(iii) Tel. No:

(iv) Date of

Admission:

Operation:

Discharge:

5) Please submit the following Reports

(A) Taken before operation:

(i) Coronary Angiography report with film

(ii) ECG with tracings and X-Ray plate

(iii) Treadmill test (computerised) and Echocardiograph with plate

(iv) All Blood Tests

(v) Hospital discharge summary with operating surgeon's report and any other reports.

(B) Taken after Operation:

X-Ray of chest-hard-plate

(If any of the Report/s is/are not enclosed, give reason.)

6) Do you have any other Asha Deep Policy? If so, give details:

Policy Date of Sum Servicing LIC

No. Commencement Assured Branch Office

I, ..do hereby declare that the statements made herein above are true and complete in each and every respect.

Notwithstanding the provisions of any law, usage, custom or convention for the time being in force prohibiting any physician or Hospital from divulging any knowledge or information acquired by him/them in attending upon or examining a person on the ground of secrecy, I hereby authorize the physician or Hospital who has attended upon or examined or treated me for any ailment or illness to divulge any knowledge or information regarding my state of health which he/they may have acquired whether before or after the policy was issued by the Corporation, to the Corporation, its offices and legal advisers or in any court of law.

Name and Signature
of witness :

Signature / Thumb Impression of the Life Assured

DesignationAddress

If the claimant signs in vernacular or affixes thumb impression, the witness should also sign the following declaration:

Certified that the contents of this form were explained to the declarant in vernacular and he/ she has affixed his/her signature/thumb impression hereto after fully understanding the same.

Signature of witness: