

**CRITICAL ILLNESS (stroke)
FORM TO BE FILLED BY LIFE ASSURED**

Policy number
Claim Number
Name of the Life Assured
Date of birth of the Life Assured
Address

1. When were the symptoms first noticed ?
2. What is the nature of the symptoms?
3. Please state the duration of the symptoms.
4. Is the condition due to external injury ? If yes, please provide details.
5. Dates of first consultation
6. Date of final diagnosis
7. Exact diagnosis of your condition. Please also give details of the limb/side affected and number of days for which the limbs are completely functionless.
8. Please give details of all consultations, and investigations and dates on which they were performed.
Eg CT scanning, MR imaging, ECG tracings, Xray reports and any other investigations. Please note that evidence of permanent neurological deficit must be supported by CT/MRI scan.
Consultation details/Name of the test Dates
9. Is there a past history of stroke, hypertension, angina, transient ischaemic attacks, head injury, spinal injury, meningitis, encephalitis, diabetes or any other vascular disease(s). If yes, please provide details of Date of diagnosis Details of treatment
10. Please provide details of treatment such as medication (tablets, injections, anticoagulents), surgical therapy, supportive therapy, physiotherapy, any other

Treatment details Dates of treatment Name of hospital
11. Are you now able to
Speak (Yes/No)
Walk (Yes/No)
walk with support (Yes/No)
walk normally without support (Yes/No)
12. Is the movement of your limb/limbs now restricted? If yes, please state which parts are affected.
13. Were you required to be away from work due to this condition. If yes, please give details of dates and duration of time off work?
14. Do you or have you smoked/used tobacco products. If yes, please give details of the type and daily consumption.
15. Does any of your family members, parents, brother, sister etc have a history of stroke or neurological disease. If yes, please provide details.
16. Name and address and telephone numbers of the hospital/hospitals where the treatment was given.
17. Names and addresses of specialists/ surgeons/physiotherapists consulted

Please provide any further information which may be of assistance to us in assessing the claim.

I _____ hereby declare that the statements made above are true and complete. I authorise the medical attendant, hospital, physician who has/have treated or examined me for any ailment or illness to divulge any information regarding my health known to them either in the past or present to LIFE INSURANCE CORPORATION OF INDIA and its officers.

Signature of the Life Assured:

Date

Place

Signature of the witness:

Name of the witness :

Address of the witness :

NOTE :

Kindly submit original reports of all investigations and Operating Surgeon s report, Consultant s reports, all blood test reports, Hospital discharge summary, neurologist report, physiotherapist report, follow up reports and any other reports available with you.

DECLARATION

Note : This should only be completed if the Life Assured with illness is unable to complete the form himself due to neurological deficits.

On behalf of the _____ (the Life Assured), I _____ (name and relation to the Life Assured) do hereby declare that the statements made hereinabove are true and complete in each and every respect.

On behalf of the Life Assured, I authorise the Hospital and Doctors who have examined or treated the Life Assured for any ailment or illness to provide information to the Corporation and its Offices regarding the illness of the Life Assured which may have been acquired before or after the policy was issued to him/her by LIFE INSURANCE CORPORATION OF INDIA.

I also agree to provide and furnish details and reports as and when required by LIFE INSURANCE CORPORATION OF INDIA for processing the claim.

Date :

Place :

Signature of the declarant

Name of the declarant

Address of the declarant

Telephone number

Signature of the witness:

Name of the witness :

Address of the witness :

(The declaration must be witnessed by persons authorised to witness by LIC, (you can for eg say Advocate, bank manager, Block Development officer, gazette Officer, Magistrate, etc..)