



Attending Physician's Statement

(Before accomplishing this form, physician will read instructions at the back.)

In proof of my medical attendance to _____ submitted to The Insular Life Assurance Co., Ltd., at the instance of the claimant/s on Policy No. _____.

I, _____, a graduate of _____
(Name of Physician) (Name of Medicine School)

in the year _____, with residence at _____
hereby truthfully and voluntarily state as follows:

1. (a) Full name of deceased:	4. (a) Did you attend to the deceased during last illness?
(b) Last residence of deceased:	(b) If so, for what disease?
(c) From physical findings and appearances, what would you judge to be the age of deceased?	(c) What disease was the immediate cause of death?
(d) What identifying marks have you noticed in the body of deceased, say a mole or scar on any part of the body?	(d) How long did the deceased suffer from this disease? (Please give basis for your answer.)
2. (a) Do you know the deceased personally?	(e) What were the first indications of failing health?
(b) How long have you known the deceased?	(f) Give date and hour when they were first noticed by the deceased.
(c) How many times did you attend to the deceased?	(g) For how long before death was the deceased confined to house or prevented from attending to business?
(d) When was your first attendance and what were the deceased complaints?	(h) For how long was the deceased bed-ridden?
(e) Who called you or accompanied the deceased for treatment?	5. (a) From what other disease, if any, did the deceased suffer?
(f) What was your diagnosis then and what treatments did you give to the deceased?	(b) Give, as nearly as you can, the duration of each.
(g) Please state previous attendances Date _____ Disease/Illness _____ _____ _____ _____ _____	(c) Other physicians who attended to the deceased for any illness: (Please give also their addresses.)
(h) Did you inform the deceased of your diagnosis?	(d) Other hospitals or institutions where the deceased was confined for any cause (Please state location.)
3. (a) Was the deceased ever confined in a hospital or other institution for treatment of any disease or injury?	6. (a) Did you personally see the remains of the deceased?
(b) If so, state which hospital or institution, for what disease injury and give exclusive dates of confinement.	(b) Date and place of death:
	(c) Was there an autopsy or other post-mortem examination made on the body of the deceased?
	7. Would you swear the truth of the foregoing?

Done at _____ on _____

Name and signature of Witness Physician's Signature PTR/License No. Date Issued

SUBSCRIBED AND SWORN to before me Dr. _____, who exhibited to me his/her Govt. issued ID/Passport No. _____, issued at _____, on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of 20 _____

Notary Public
My commission expires on _____

WARNING: It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)