

Medical Report

(To be filled up by attending Doctor)

1. Name of the Insured Person			
2. Are you his/her usual medical attendant?			
3. Details of injury sustained:			
4. Cause of injuries as reported by the injured person at the time of treatment.			
5. Does nature of injury tallies with the cause of accident:			
6. Are the injuries suffered by the insured/injured person solely due to the accident or traceable to any serious injuries/disease/infirmities			
7. Was he under the influence of liquor/drugs at the time of accident.			
8. What was the treatment given to the injured			
9. How many days injured/insured person was in hospital			
10. Details & dates of treatment	Hospital	From:	To:
	Home	From:	To:
11. Nature of injury suffered with the insured/injured person	Fatal: PTD: PPD: TTD:		
12. In case of PTD/PPD - kindly state the % of disability			
13. In your opinion when will be insured/injured person will to resume duties.			

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect.

Place:

Date:

Signature

Name of the Doctor

Reg. No.

Address:

