



**PERSONAL ACCIDENT & INJURIES CLAIM FORM B
MEDICAL CERTIFICATE**

(To be given by the Doctor who attended the claimant for his injuries caused by the accident, at the Insured's expenses)

BY TOTAL DISABLEMENT it is understood that the Claimant is prevented by the injury from attending to any portion of his business. PARTIAL DISABLEMENT is when the Claimant as so slightly injured, or has so far recovered, as to be able to transact some portion of his business, but not the whole.

Policy No. _____

Name _____

1. (a) State of the Claimants.

(a) Age _____ Years. Weight _____ Lbs./Kg _____

Height _____ feet/meters _____ Inches/cm _____

(b) Are you the Claimant's usual Medical Attendant?

(b) _____

(c) How long have you known him?

(c) _____

(d) Have you attended him for any? previous injury or illness? If so, when and the nature of said injury or illness? (d) _____

The injuries sustained (if to an eye, hand or arm, foot or a leg,) state whether it is the RIGHT OR LEFT.

REGIONS INJURED

NATURE AND EXTENT OF INJURIES

2. _____

3. Are the injuries in their present condition sufficiently accounted for by the description of the accident given in claim Form 'A' by the Claimant?

4. On what: day and where did you first attend the Claimant in consequence of such injuries?

5. Is the Claimant of sober and temperate habits?

6. Is the Claimant now or was he at the time of the Accident subject to any illness or infirmity IRRESPECTIVE OF THE INJURIES if so, the nature thereof?



7. Is the Claimant suffering, or has he suffered, from any Cardiac Affection Gout, Rheumatism, or Fits of any kind?

8. Are you aware of anything in the previous medical history of the Claimant which might have the occurrence of the accident, or which may be likely in any way to retard his recovery from it?

9. (a) State the Time WITHIN YOUR OWN KNOWLEDGE that the Claimant Has been as the direct and sole consequence of the injuries sustained necessary confined.

(A) TO BED

For _____ Days
From _____
To _____
(both Inclusive)

(A) TO HOUSE

For _____ Days
From _____
To _____
(both Inclusive)

(b) if still not confined, state which and the probable duration of such Confinement to each FROM THIS DATE

(A) TO BED

For _____ Days
From _____
To _____
(both Inclusive)

(A) TO HOUSE

For _____ Days
From _____
To _____
(both Inclusive)

10. Is the claimant now attending to his business partially or in any way? If so state when he first commenced to do SO.

11. Is he/she at present able to attend to some businesses either commercial, superintending or working?

12. State the probable date of his being able to resume some portion of his usual business or occupation.

13. State the probable date of recovery.

OPINION

FOR TEMPORARY TOTAL DISABILITY

Certified that the bodily injury sustained by Mr _____ as described above, in the accident suffered by him on _____ was affected directly and independently of all other causes through external violent and accidental means. This injury has caused him temporary total and continuous disability and prevents/ prevented him from performing any and every duty pertaining to his occupation of _____ during the period from _____ to _____

For Partial Disability

Certified that the bodily injury sustained by Mr. _____ . as described above, in the accident suffered by him on _____ was effected directly and independently of all other causes through external violent and accidental means.

This injury has caused him temporary partial continues disability and prevents / prevented him from the date of accident from performing (one or more) duties viz _____ pertaining to this occupation of _____ for the period from _____ to. _____

*Occupation must be fully defined so as to indicate the exact nature of work.

I Certify to the directors of the STATE LIFE INSURANCE CORPORATION OF PAKISTAN that the foregoing statements are correct, and that I have no reason to suspect the Claimant was otherwise that sober when the accident occurred.

Signature of the Claimant**Signature of the Medical Attendant****Qualification of the Medical Attendant****Seal of the Medical Attendant**

Date _____ 20 _____ Address _____

It is very essential that full particulars be given, so that the Medical Officer of the State Life may Understand the exact nature and extent of the injuries.