

Attending Physician's Statement

INSTRUCTIONS: This form should be submitted to the **Corporate Accounts Division** of The Insular Life Assurance Co., Ltd., 4/F Insular Health Care Building, 167 Dela Rosa corner Legazpi Streets, Legazpi Village, Makati City 1229 or 2/F Insular Life Cebu Business Center, Mindanao Avenue corner Biliran Road, Cebu Business Park, Cebu City.

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. _____

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

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: _____ (b) Last residence of deceased: _____ (c) From physical findings and appearances, what would you judge to be the age of deceased? _____ (d) What identifying marks have you noticed in the body of deceased, say a mole or scar on any part of the body? _____	4. (a) Did you attend to the deceased during last illness? (b) If so, for what disease? (c) What disease was the immediate cause of death? (d) How long did the deceased suffer from this disease? (Please give basis for your answer.) _____								
2. (a) Do you know the deceased personally? (b) How long have you known the deceased? (c) How many times did you attend to the deceased? (d) When was your first attendance and what were the deceased complaints? (e) Who called you or accompanied the deceased for treatment? (f) What was your diagnosis then and what treatments did you give to the deceased? (g) Please state previous attendances <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: center; border: none;">Date</th> <th style="text-align: center; border: none;">Disease/Illness</th> </tr> </thead> <tbody> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> <tr> <td style="border: none;">_____</td> <td style="border: none;">_____</td> </tr> </tbody> </table> (h) Did you inform the deceased of your diagnosis? _____	Date	Disease/Illness	_____	_____	_____	_____	_____	_____	(e) What were the first indications of failing health? (f) Give date and hour when they were first noticed by the deceased. (g) For how long before death was the deceased confined to house or prevented from attending to business? (h) For how long was the deceased bed-ridden? 5. (a) From what other disease, if any, did the deceased suffer? (b) Give, as nearly as you can, the duration of each. (c) Other physicians who attended to the deceased for any illness: (Please give also their addresses.) _____ (d) Other hospitals or institutions where the deceased was confined for any cause (Please state location.) _____
Date	Disease/Illness								
_____	_____								
_____	_____								
_____	_____								
3. (a) Was the deceased ever confined in a hospital or other institution for treatment of any disease or injury? (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 _____

Witnessed by:

 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 Residence Certificate No. A- _____, issued at _____, on _____.

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

Notary Public
 My commission expires on _____

INSTRUCTIONS

The claimant is responsible for the submission of this Attending Physician's Statement which should be accomplished by every physician who attended to the deceased during or before last illness. It must be notarized.

If more than one physician attended to the deceased, the statement of each must be accomplished in separate forms, which will be furnished by the Company upon claimant's request.

The physician who fills this form will facilitate the settlement of the claim by giving, in answer to pertinent questions, a full statement of each pathological process, especially as to its duration.

If there was an autopsy made on the body of the deceased, a certified copy of the autopsy report should be secured by the claimant and submitted along with this Attending Physician's Statement.

Where the spaces provided for the answers are too small, such desirable details may be given on this page, under ADDITIONAL REMARKS.

ADDITIONAL REMARKS

(The Company will be obliged if the Physician will use this space to furnish any additional information not brought out in the foregoing Statement.)