PRU LIFE U.K.

ATTENDING PHYSICIANS STATEMENT – Death Claim

Instructions:

- All answers must be entirely in the Physician's own handwriting.
- In the interest of accurate vital statistics, please confirm to your copy of the International List of the cause of death when answering Question Nos. 5 and 7.
- In an injury, describe the accident. If a suicide or homicide, state means employed.
- In surgical cases, state the nature of operation and the disease or condition requiring such procedure. In females, puerperal states are to be indicated. In neoplasm's, give type part first involved. Please avoid indefinite terms. Describe any unusual features.
- Where spaces provided for the answers are too small, such details as seen desirable should be given on the reverse side.

Name of the Deceased (Last name, First name, Middle name) | **Policy No.**

Deceased's Address

# Street					
City/Province		Zip Code		Tel #	

Occupation | **Place of Birth** | **Birthdate**

Cause of death* | **Place of Death*** | **Date and Time of Death**

Sex ☐ M ☐ F | **Height** | **Weight** | **Color of Hair**

***Name of Hospital/Institution** (If death occurred here) | **Length of Hospitalization**

Questions	YES	NO	Details To "YES" Answers
1. How long had you known the deceased?			
2. Have you seen the corpse of the deceased?	☐	☐	
3. Was it the corpse of the person? Please give basis for your answer (e.g. identification marks).	☐	☐	
4. When were you first consulted for the condition which either directly or indirectly caused death? a. Give date of Last visit b. who consulted you (specify if deceased, relatives or others).			
5. What was the immediate cause of death? (see instructions above)			
6. How long did deceased suffer from this injury or illness? Please give basis for you answer.			
7. What are the contributory causes of death? Give below the duration of each (See instructions above).			

Disease / Injury	Duration

NAME OF THE PATIENT/DECEASED : ______________________________

Last Name, First Name, Middle Name

Questions	YES	NO	Details To "YES" Answers
8. Was there any special connection (remote or proximate) between the death and the occupation, residence, habits or personal history of the deceased? If yes, state which and give particulars.	☐	☐	

Give below particulars of each condition for which you treated or advised the deceased during the last three years prior to last illness:

Date	Nature of Condition	Treatment	Duration

Give names and addresses of other physicians and other practitioners who to your knowledge attended deceased during the past three years.

Name	Address	Illness or Injury and Date

Questions	YES	NO	Details To "YES" Answers
9. Was death due to suicide, homicide, or accident?	☐	☐	
10. Was deceased under the influence of liquor or drugs when accident / suicide / homicide happened?	☐	☐	
11. Was there an official inquiry as to cause of death or a post-mortem examination on the body of the deceased? If Yes, which, by whom and with what result?	☐	☐	

DECLARATION

I hereby certify that the answers and information given above are full, complete and true.

AUTHORIZATION

I further authorize your Medical Director or any of his/her authorized representative or other person in your employ, to obtain or secure from me or any clinic, hospital or entity all the medical records of the above-named patient. A photographic copy of this authorization is valid as the original.

______________________________ ______________________________

Signature Over Printed Name of the Attending Physician — Date

Address : ______________________________

License No: ______________________________