**STAR UNION DAI-ICHI LIFE INSURANCE CO. LTD.**

# Treatment Certificate from Medical Attendant : who treated in the last days of illness / immediate before death / who pronounced the death of policyholder : Form D

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**Following are the details of the Life Assured under policy no. _____**

1) Name of the Life Assured : _____
2) Address of the Life Assured : _____
   : _____
3) Date of Birth of Life Assured : _____
4) Occupation of the Life Assured : _____
5) Nature of illness : _____
6) Duration of illness by patient : _____
7) On set of illness : _____
8) Treatment given : _____
9) Duration of treatment : _____
10) Was the Life Assured in habit Of consuming tobacco / alcohol : _____
11) Are you aware of the amount Of tobacco / alcohol consumed Per day by the Life Assured : _____
12) Duration of intake of details mentioned in 10 & 11 above : _____
13) Anything hereditary related to the Life Assured you wish to disclose that might have affected the longevity in any manner : _____

Place : _____

Date : _____ _____

Name of the Medical Attendant : Seal & Signature of Medical Attendant

_____

Address of Clinic : _____

_____



**Star Union Dai-ichi Life insurance Co. Ltd.**
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