AIA SINGAPORE
CITIBANK CREDIT INSURE & CREDIT INSURE GOLD
DEATH CLAIM FORM
Corporate Solutions

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Section 3 - Physician's Statement – For Death Claim

To be completed by Attending Physician (The medical report fee, if any, will be borne by the Claimant)

Name of Deceased	Occupation	NRIC / Passport No.

1) Date of Death	2) Place at time of death
3) What was the immediate Cause of Death?	4) How long has the illness existed prior to Death?
5) Did Deceased have any symptoms prior to Death? ❒ Yes ❒ No If Yes, Date symptoms first started : Nature of Symptoms :	6) When did Deceased first consult you for this condition? Date : When did Deceased last consult you for this condition? Date :
7) When was the diagnosis leading to the cause of Death first diagnosed? Date :	8) Was Deceased informed of the diagnosis? ❒ Yes ❒ No If Yes, when was the Deceased first told? :

9) Did Deceased suffer from any other illness?

Illness	Period Of Illness	Date of Diagnosis	Date & Type of Treatment

10) Was the Death in any way partly attributed to Deceased's habits, family history, occupation OR previous diseases? ❒ Yes ❒ No
If Yes, give details :

11) Was there any predisposing caused of the deceased's death in his / her habits (use of alcohol, narcotics, etc) family history, occupation or previous sickness?

12) Name and address of all physicians who previously consulted by Deceased for the above condition.

Name of Physician	Name & Address of Clinic	Date of Attendance

I hereby declare that I was physician in attendance during the last illness of the deceased and that the foregoing answers are true to the best of my knowledge and belief and that no material fact has been concealed from the Company.

Signature of Physician / Surgeon	Date (DD/MM/YY)
Name / Designation	Name and Address of Clinic / Hospital & Stamp