

EFU LIFE ASSURANCE LTD

Lifecare Claim Form

POLICY # / -

1. Name of Life Assured: _____ 2. Phone # _____
3. Occupation: _____ 4. Cell # _____
5. Address: _____
6. Illness being claimed for under the critical illness benefit: _____

Section A. Details of Illness

7. Describe fully the nature and extent of your symptoms: _____

8. Which was the first symptom noticed by you: _____
9. When was the first symptom noticed by you (date) : _____
10. What was the final diagnosis: _____
11. On what date did you first consult a medical practitioner in connection with your illness/injury? _____

12. Was this your usual Medical Attendant? Yes No
13. Have you undergone any tests or investigations to confirm the diagnosis? If yes, please provide dates and details: _____

14. What treatment have you received and are you currently receiving in connection with your illness/injury: _____

15. Please confirm whether any surgical operation will be or has been carried out. If yes; please provide details: _____

16. Name and address of your usual Medical Attendant: _____

17. Please give details of the doctors or specialists who have been consulted in connection with your illness/ injury:

(a) Name: _____	(b) Name: _____
Phone # _____	Phone # _____
Address: _____	Address: _____
_____	_____
Dates of consultations _____	Dates of consultations _____

18. If you were treated at a hospital or similar institution, please supply the following information:-

(a) Name of Hospital _____	Address: _____
(b) Date of Admission _____	_____
(c) Date of Discharge _____	Phone # _____

Section B. General Information

19. Has any blood relative suffered from a similar or related illness? If yes, please state relationship, nature and the date the illness was first diagnosed? _____

20. Are you insured for similar benefits with any other company? If yes; please state the name of the insurer, the amount of benefit insured and whether you have submitted a claim in connection with such insured benefits. _____

21. Do you smoke cigarettes? If yes; what is your daily consumption? And for how long have you been smoking? _____

Declaration

I hereby certify that my answers to the foregoing questions are correct to the best of my knowledge and belief.

Date

Signature of the Life Assured