



Policy No.

Claim No.

Tata AIA Life Insurance Company Limited
(hereinafter called "Tata AIA" or "the Company", whichever is applicable)

CONFIDENTIAL MEDICAL REPORT

To be completed in BLOCK letters by a duly qualified and registered medical practitioner at the Insured/Claimant's expense and sent direct to: The Medical Director, Tata AIA Life Insurance Co. Ltd., B- wing, 9th Floor, I-Think Techno Campus, Behind TCS, Pokhran Road No.2, Close to Eastern Express Highway, Thane (West) Pin Code – 400 607.

| | |
|-------------------|---------------------|
| Name of Insured | Age |
| | Sex |
| Insured's Address | I. D. No. |
| | I. D. Document Type |
| Illness/Condition | |

| | |
|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| Are you Insured's usual medical doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No | Your first consultation on this illness/condition |
| Medical records date back to MM DD YYYY | MM DD YYYY |
| Presenting symptoms at first consultation, their nature & duration | Past medical history, family history and co-morbid conditions |

Tests and investigations performed, dates and results (please **enclose a copy of the results**).

| | | |
|-------------------------------------------|-------------------|-------------------------|
| Final Diagnosis, stage and areas involved | Date of Diagnosis | Date advised to Insured |
| | MM DD YYYY | MM DD YYYY |

Course of illness, treatment and the dates

Is the condition (please tick & give details as applicable)

permanent & irreversible _____

congenital or hereditary disease _____

related AIDS or HIV infection Confirmed by _____ Date: _____
MM DD YYYY

Other doctors/hospitals involved in the care of the Insured

| Name | Address | Telephone No. |
|------|---------|---------------|
| | | |

Name of Doctor _____

Qualification _____

Reg. No. & Place _____

Address & Official Stamp _____

Signature _____

Date _____