Punjab Life
Insurance Company Limited

PUNJAB LIFE INSURANCE COMPANY LIMITED (PLIC)
PHYSICIAN'S STATEMENT: | To be completed by the Attending Physician or Medical Board |

- **Physician Statement Form will not be accepted without a doctor's stamp.**

1. Deceased's Information:			
Deceased's Full Name			
Father's / Husband's Name		CNIC No.	
Home Address			
Gender	☐ Male ☐ Female	Date of Birth	____ / ____ / _____
Age at Death		Contact No.	
2. Event Information:			
Date of Death	____ / ____ / _____	Place of Death (name of hospital/institution, if applicable)	
Primary Cause of Death		Secondary Cause of Death	
Interval Between Onset and Death	From: ____/____/_____ To: ____/____/_____		No. of Days
3. Past Medical History:			
When did deceased first complain of or give other indications of his/her last illness?		Date last consulted or took medical advice for his/her last illness?	
Have you treated or advised any treatment prior to last illness?	☐ Yes ☐ No	Did deceased receive treatment during the last 5 years from any other physician/hospital?	☐ Yes ☐ No

Date	**Physician / Hospital Name**	**Nature of Illness**	**Treatment**
____ / ____ / _____			
____ / ____ / _____			
____ / ____ / _____			

4. Cause of Death:			
Type of Death	☐ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Other		
Was an inquest / investigation held?	☐ Yes ☐ No	Was an autopsy performed?	☐ Yes ☐ No
If yes, please describe findings in detail			
Please describe event in detail			

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5. Declaration:
I hereby certify that the information provided in this Physician's statement is complete and best of my knowledge and belief.

Physician's Name:	Signature & Stamp:	Date of Statement:
		____ / ____ / _____