



**-MEDICAL CERTIFICATE**

*In order to establish his claim, the claimant must obtain and forward to the company a certificate from a duly qualified and registered medical practitioner and it is essential that this form be filled up as minutely as possible*

The Medical Attendant of the claimant is requested to state: -			
1) Name & Occupation of the claimant:			
2) The exact nature and extent of injuries caused by the accident. If hand or arm, a foot or leg. State whether it is the Right or Left			
<b>Regions Injured</b>		<b>Nature and extent of</b>	
3. Whether the claimant has suffered or is now suffering from any constitutional or local disease or physical infirmity. If so state the nature of such disease or infirmity and to what extent it affects the disablement			
4(a). When and where he first attended the claimant		4(a) at	
		At            O'clock            M	
(b) Are you still attending to him?		On the            day of	
5 To what extent the above accidental injuries have necessarily disabled the claimant from giving attention to his business	The claimant has been disabled	Claimant is now *.....disabled	The further disability (if any) will in my opinion continue For.....entirely For.....partially From the present time
	TOTALLY for days	*Insert totally, partially or not at all as the case may be.	
	PARTIALLY for days		
Total disablement arises when the claimant is rendered completely incapable of attending to any part of his ordinary professions, business or occupation. Partial Disablement arises when claimant is a little injured, or has so far recovered from injuries as to be capable of attending to some portion pf his ordinary profession, business or occupation			
6 (a) If the claimant is now in any way, attending to business, on what day he first commenced doing so after the accident.			
(b) If not whether you consider the claimant fit personally to supervise or direct his business or occupation			
7. Have you any reason to think that the patient was not perfectly sober at the time of accident?			
8. Is there any information, professional or otherwise that you consider should be known to the company?			
<b>REMARKS: If any</b>			
I certify that I have satisfied myself by personal examination that the Claimant has sustained an accident causing Injuries as above described			
Signature.....Qualifications.....			
Date.....Address.....			