



नेशनल इन्श्योरेंस कम्पनी लिमिटेड  
भारत सरकार का एक उपक्रम  
**National Insurance Company Limited**  
(A Govt. of India Undertaking)

शाखा कार्यालय : 65, नवयुग मार्केट, गाजियाबाद-201 001  
कोड नं. : 361201 फोन : 2790069, 2794178 फैक्स : 0120-2791094  
Branch Office : 65, Navyug Market, Ghaziabad-201 001  
Code No. : 361201 Ph. : 2790069, 2794178 Fax : 0120-2791094

**MEDICAL CERTIFICATE**  
(ATTENDING DOCTOR'S REPORT)

Claim No. :

For Office use only

Policy No. :

PERIOD :

G.P.A. Policy :

- (a) Name and age of Injured Person : .....
- (b) Address of the Injured Person : .....  
Describe nature of extent of Injuries : .....  
Cause of the accident so far as it is known to you : .....
- (a) When did you first attend on the Injured person following the accident? : .....
- (b) Are you still attending on him? : .....  
Are you his usual Medical Attendant? : .....  
If you have treated him for any previous illness or injury, please give details : .....
- (a) Are his injuries : .....  
(i) Solely due to the accident or : .....  
(ii) Traceable to any disease, infirmity, previous : .....  
Injuries or any other causes? : .....
- (b) Is the Injured person suffering from any disease or Injury (apart from the Injury) which directly or Indirectly : .....  
(i) May have contributed to the accident or : .....  
(ii) is likely to retard his recovery from the Injuries or : .....  
(iii) is like to aggravate his condition? : .....
- (c) Was he to your knowledge under the Influence of intoxicants or drugs at the time of accident? : .....
- (a) According to you, how long has the Injured person to be confined to bed/house at the direct and sole consequence of the Injuries sustained? : .....
- (b) During this period will the Injured person be able to attend to any portion of his normal duties? : .....  
If so from what date? : .....
- (c) If not please state probable date : .....  
(i) his being able to attend to any portion of his normal duties. : .....  
(ii) His resumption of his normal duties fully : .....
- Any other remarks you wish to make : .....

I here by certify that the injuries sustained by the Person mentioned above are in accordance with the nature of the accident as described to me and that I treated him for the said injuries.

Doctor's Name ..... Reg. No. .... Qualification .....

Address .....

Date .....

Doctor's Signature

Note : The fee, if any for the Report will be borne by the Injured person.

Forwarded to  
**NATIONAL INSURANCE COMPANY LIMITED**