

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

शाखा कार्यालय : 65, नवयुग मार्किट, 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. : Policy No. :

G.P.A. Policy:

For Office use only

PERIOD:

(a) Name and age of 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 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 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 systained by the Person mentioned above are in accordance with the nature of the accident described to me and that I treated him for the said injuries. Poctor's Name	-			
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Address	Doo	tor's NameRe	g.No	Qualification
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Date	Dat	e		Doctor's Signature

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

Forwarded to

NATIONAL INSURANCE COMPANY LIMITED