

Bajaj Allianz General Insurance Company Limited

Regd. & Head Office: GE Plaza, Airport Road, Yerawada, Pune 411 006

Health Administration Team: *A - Wing 2nd Floor, Bajaj Finserv Building, Behind Weikfield IT Park, Off Nagar Road, Viman Nagar | Pune - 411 014

Email id:-travel@bajajallianz.co.in

ATTENDING PHYSICIANS STATEMENT

Patient's Name : _____ Age : _____ Sex : M/F

Address : _____

Date of first consultation : _____ Time : _____

For Accidental Injury

Nature of Injury : _____

X-Ray Taken : Yes No Date taken : _____

Diagnosis and Treatment Given : _____

Are the injuries solely due to the accident or traceable to any previous injuries / disease _____

Please mention **past history with duration of any diseases, accidents or hospitalizations** with details : _____

Was he under the influence of intoxicants / alcohol or drugs at the time of accident ? _____

For Sickness

Nature of Illness : _____

History of Presenting complaints : _____

Diagnosis and Treatment Given : _____

When did patient's symptoms first manifest : _____

Please mention **past history with duration of any diseases, accidents or hospitalizations** with details : _____

History of the following :-

Ailment	Yes / No, If yes Duration	Ailment	Yes / No, If yes Duration
Hypertension		Diabetes	
Cardiac ailments		Asthma	
Arthritis		Cancer	

Is the present condition due to Pregnancy : Yes No Is illness due to any pre-existing condition : Yes No

Is this claimant Totally Disabled from each and every occupation ? _____

How long would the claimant be totally disabled ? _____

How long would the claimant be partially disabled ? _____

Prognosis of the ailment/injury : _____

Signature : _____ _____ Attending Doctor's Signature and Stamp	Date : _____ Reg. No. : _____
Doctor's Name : _____	
Address & Phone No. : _____	