



7. Please provide the name and address of the doctor:

(a) who had referred the Life Assured to you.

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(b) to whom you had referred this Life Assured.

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8. Please provide details (including dates) of surgical or other treatment given.

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9. Please attach copies of relevant laboratory reports to assist us in assessing the claim.

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10. Please provide any other information which may be of assistance to us in assessing this claim.

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Date

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Signature & Official Stamp of Doctor