



# UNITED INDIA INSURANCE CO. LTD.

Regd. & Head Office : 24, Whites Road, Chennai-600014

## PERSONAL ACCIDENT INSURANCE-MEDICAL REPORT

(This form is to be completed and signed by the Medical Attendant)

1. Name and Address of Injured Person	
2. Describe nature and extent of injuries	
3. Cause of the accident so far as is known to you	
4. (a) When did you first attend on the Injured Person following the accident? (b) Are you still attending on him?	(a) (b)
5. Are you his usual Medical Attendant? If you have treated him for any previous illness or injury, please give details.	
6. (a) Are his injuries (i) solely due to the accident or (ii) traceable to any disease, infirmity, previous injuries or any other cause? (b) Is the Injured Person suffering from any disease or injury (apart from this 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 likely to aggravate his condition? (c) Was he to your knowledge under the influence of intoxicants or drugs at the time of accident?	(a) (i) (ii) (b) (i) (ii) (iii) (c)
7. (a) According to you how long has the Injured Person to be confined to bed/house as 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 of (i) his being able to attend to any portion of his normal duties. (ii) his resumption of his normal duties fully.	(a) (b) (c) (i) (ii)
8. Any other remarks you wish to make.	

I hereby 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.

Place :

Date :

Signature :

Name :

Address :

Qualifications :

Registration No.: