

## Critical Illness Claim Form: Heart Related Conditions

### 1. Disorder and Treatment :Open Heart Replacement or Repair of Heart Valves:

a). Name and address of the hospital where the procedure / surgery was performed

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b) Name of the attending medical specialist:

c) Did the patient has a past history of Rheumatic Heart Disease?

Yes/No If 'yes', please provide the following details:

Date of Diagnosis:

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Treatment details:

d) Was a 2D echo with Doppler done? YES/NO

If Yes, please mention the date it was done and the findings:

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(Please also enclose a copy of the report)

e) Details of Surgery:

Type of Surgery performed: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

Valves repaired/replaced: \_\_\_\_\_

Was an open heart surgery undertaken? Yes / No

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### Star Union Dai-ichi Life Insurance Company Limited

Registered Office: 11<sup>th</sup> Floor, Vishwaroop IT Park, Plot No. 34, 35 & 38, Sector 30A of IIP, Vashi, Navi Mumbai – 400 703.

Toll Free No.: 1800 266 8833 (9:00 am to 7:00 pm – Mon to Sat)

Email: [customercare@sudlife.in](mailto:customercare@sudlife.in) | Website: [www.sudlife.in](http://www.sudlife.in) | IRDAI Regn. No. 142 | CIN: U66010MH2007PLC174472

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f) Remarks and/or additional information (if any):

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I hereby declare that the above statements are true and complete to the best of my knowledge.

Signature and Seal of Medical Attendant / Cardiologist:

Name:

Registration No:

Qualification:

Address:

Telephone No:

Date & Place:

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