

## Critical Illness Claim Form: Cancer of Specified Severity

### Medical Report – Confidential

Name of the Life Assured: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

The above named is insured against certain serious conditions. A lump sum is payable in the event of the applicant having been diagnosed as suffering from one of these conditions. A claim has been submitted to us advising us that the person insured has suffered from Cancer. In order to enable us to assess the claim, we would appreciate it if you would complete this report and return it to us.

We would also be grateful for sharing copy of any reports that could assist our Medical Officers in their assessment of the claim.

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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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## Critical Illness Claim Form: Cancer of Specified Severity

### 1. General

a) Are you the patient's usual Medical Attendant? Yes / No  
 If 'yes', since when? If 'no', do you know who is?

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b) When did the Life Insured first consult you for this disorder? DD/MM/YYYY

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c) What were the symptoms and when did they first occur?

Symptoms presented at first consultation	Date Symptoms First Started (DD/MM/YYYY)

What is the source of this information: Patient / Referring Doctor / Others\*

If "Others", please specify: \_\_\_\_\_

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d) Has the patient ever had the same or a related condition? Yes / No

If 'Yes', please give the dates and details of consultations and diagnosis:

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e) When did the Life Insured first find out about his illness? DD/MM/YYYY

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Does the patient suffer from any other disorder? If Yes, Please provide the details.

Details of Disorder	Date of Diagnosis

f) To your knowledge, is there a family history of cancer?

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G) Please give details on the patient's past and present smoking habits:

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### 2. Disorder and treatment

A) Please state the exact diagnosis of the Life Assured's Condition

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B) Were any investigations done to confirm the diagnosis/ Yes / No  
 If Yes, please provide details and furnish full copies of investigations and histology reports.  
 Please also mention the date of First diagnosis (DD/MM/YYYY) and Name of Doctor.

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C) Is the tumour benign or malignant?

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D) Is the Tumour classified as 'Carcinoma in situ' or 'pre-malignant' or 'low malignant Potential /borderline'?

E) Please give details of the tumour site, diagnosis as per histopathological report and staging (TNM/FIGO/others)

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F) In the case of leukemia, please give details of the Bone Marrow Biopsy findings and type of leukemia.

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G) Has the tumor spread to any other organs?

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H) Are lymph nodes involved?

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I) Was there any surgery done? If yes, please provide date of surgery and details of type of surgery?

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J) Please provide details of any chemotherapy/radiotherapy/immunotherapy or any other treatment already completed?

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K) Please provide details of any remaining treatment planned in coming weeks/months?

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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 Name:

Name:

Registration No:

Qualification:

Address:

Telephone Number:

Date & Place:

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