

IGI Life Insurance Limited

RECOVERY BENEFIT/CRITICAL ILLNESS CLAIM FORM

POLICY NO. _____

PART A - INSURED'S STATEMENT

Name of Insured _____

Insured's Address: _____

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1. Nature of Disease _____

2. Date of First Consultation _____

3. Date of Diagnosis of Disease _____

4. Has disease been caused by
a. Acquired Immune Deficiency Syndrome (AIDS)? _____

b. Misuse of drugs or alcohol? _____

5. Cardiac Bypass Surgery (if applicable)
a. Date of Surgery _____

b. No. of Coronary Arteries involved _____

6. a. Name of Treating Physician _____

b. Physician's address _____

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AUTHORIZATION

I hereby authorize all doctors or other persons and all hospitals or other institutions to furnish all information (including full copies of their records) regarding myself, my medical history in general and this claim in particular to **IGI Life Insurance Limited** Formerly 'American Life Insurance Company (Pakistan) Limited'

A photocopy of this authorization shall be considered as original.

Signature of Insured _____

Date _____

PART B - PHYSICIAN'S STATEMENT

Name of Patient _____ Date of Birth _____

Height _____ Weight _____

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1. COMPLETE FOR MYOCARDIAL INFRACTION

a. Final diagnosis _____

b. Date of Diagnosis _____

c. Was there history of Chest Pain? Yes _____ No _____

If yes, give details. _____

d. Did ECG reveal new Electrocardiographic changes? Yes _____ No _____

If yes, give details. _____

e. Was there elevation of Cardiac Enzymes? Yes _____ No _____

(Company requires all laboratory test, ECGs and X-RAYS done)

2. COMPLETE FOR CORONARY ARTERY DISEASE REQUIRING SURGERY

a. Date of Diagnosis _____

b. Nature of Surgery _____

c. Date of Surgery _____

d. No. of Coronary Arteries involved _____

(Company requires all Laboratory Test, ECGs and Catheterization Film & Diagram)

3. COMPLETE FOR CEREBRAL STROKE

a. Final Diagnosis _____

b. Date of Diagnosis _____

c. Did ECG reveal permanent neurological deficit? _____

(Company requires all Laboratory Tests, ECGs and Neurologist Option Confirming diagnosis)

4. COMPLETE FOR CANCER

a. Detailed final diagnosis including location _____

b. Date of Diagnosis _____

c. Medical History _____

(Company requires all Laboratory and Tissue Biopsy Pathology Tests)

5. COMPLETE FOR CHRONIC, IRREVERSIBLE RENAL FAILURE

a. Detailed diagnosis _____

b. Date of Diagnosis _____

c. Medical History _____

d. Nature of Treatment _____

(Company requires all Laboratory Tests)

6. COMPLETE FOR BLINDNESS CAUSED BY SICKNESS

a. Nature of Sickness _____

b. Is blindness total, permanent and irrevocable? Yes _____ No _____

c. Date of Diagnosis _____

d. Medical History _____

(COMPANY REQUIRES ALL MEDICAL TESTS)

COMPLETE FOR DIAGNOSED DISEASE

1. Date you were first consulted for the symptoms of this condition:

Month: _____ Day: _____ Year: _____

2. Date Patient has previous medical attention for this condition:

Month: _____ Day: _____ Year: _____

Physician _____

Address: Street _____ City _____

Dates confined to Hospital:

3. From: _____ To: _____

From: _____ To: _____

4. Hospital Name _____

Address _____

5. Has disease been caused by: (Give Details)

a. Acquired Immune Deficiency Disease Virus (HIV), or is it an AIDS related complex or infection by HIV Virus?

b. Misuse of Drugs or Alcohol?

Name of Attending Physician _____

Hospital or Clinic Address _____

Seal & Signature: _____ Date: _____

Complaints in Respect of Insurance Policy

If you have any complaint or grievance against the Insurance Company, Broker, Agent, Surveyor or Bank Representative in respect of your insurance policy, you may file your complaint with the following offices:

1. Federal Insurance Ombudsman

2nd Floor, Pakistan Red Crescent Society, Annexe Building, Plot # 197/5, Dr. Daud Pota Road, Karachi.
Tel: (021) 99207761-62 Website: www.fio.gov.pk

2. Official Coordinator, Small Disputes Resolution Committee – Islamabad

The Management Executive, Insurance Division, 3rd Floor, NIC Building, 63 Jinnah Avenue, Blue Area, Islamabad.
Tel: (051) 9207091 to 94 - Ext: 439 E-mail: complaints@secp.gov.pk

3. Official Coordinator, Small Disputes Resolution Committee – Karachi

The Deputy Director, Specialized Companies Division, 5th Floor, State Life Building No. 2, Wallace Road, Off I.I. Chundrigar Road, Karachi.
Tel: (021) 32414204 E-mail: complaints@secp.gov.pk

4. Official Coordinator, Small Disputes Resolution Committee – Lahore

The Deputy Registrar of Companies, Company Registration Office, 3rd & 4th Floor, Associate House, 7 - Egerton Road, Lahore
Tel: (042) 99204962 to 66 - Ext: 28 E-mail: complaints@secp.gov.pk

بیمہ پالیسی کے متعلق شکایات

اگر آپ کو اپنی بیمہ پالیسی کے متعلق انشورنس کمپنی، بروکر، ایجنٹ، سرویئر یا بینک نمائندے کے خلاف کوئی شکایت ہو تو درج ذیل دفاتر میں رابطہ کر سکتے ہیں:-

وفاقی انشورنس محتسب،
سیکنڈ فلور، پاکستان ریڈ کرسنٹ سوسائٹی، انیکسی بلڈنگ،
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی
فون: 021-99207761-62
www.fio.gov.pk

دفتری رابطہ کار (لاہور)
اسمال ڈسپوٹس ریزولوشن کمیٹی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
ایسوسی ایٹ ہاؤس، 3rd فلور، 07 ایبیرٹن روڈ، لاہور۔
فون: (Ext 28) 042-99204962-66
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (اسلام آباد)
اسمال ڈسپوٹس ریزولوشن کمیٹی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
تھرڈ فلور، این آئی سی ایل بلڈنگ، اسلام آباد
فون: 051-9207091-4 ایکسٹینشن 439
ای میل: complaints@secp.gov.pk

دفتری رابطہ کار (کراچی)
اسمال ڈسپوٹس ریزولوشن کمیٹی
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان
5th فلور، اسٹیٹ لائف بلڈنگ، 02، ول اس روڈ،
آف آئی آئی چندریگر روڈ، کراچی۔
فون: 021-32414204
ای میل: complaints@secp.gov.pk