

PHYSICIAN'S STATEMENT
IGI Life Insurance Limited

PROOFS OF DEATH
Submitted to
IGI Life Insurance Limited

(All answers must be in the physician's handwriting)

1.	
a) Full name of deceased	d) Date of death
b) Residence at death	c) Place of death
c) Age of death	f) If died in hospital or institution, give name
2. Cause of death (enter only one cause for each of a, b, and c)	
Disease or condition directly leading to death (a)	Interval between onset and death (a)
Antecedent causes	
Due to (b)	(b)
Due to (c)	(c)
3. Date of first attendance in last illness	4. Date of last attendance in last illness
5. If death was due to suicide, homicide or accident, specify which. Describe briefly	6. (a) Was an inquest held? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Was an autopsy performed? <input type="checkbox"/> Yes <input type="checkbox"/> No (c) If so, by Whom and with what findings?
7. (a) Were there any identification marks on the body? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) If "Yes" give particulars.	
8. (a) Have you treated or advised the deceased, prior to last illness? <input type="checkbox"/> Yes <input type="checkbox"/> No (b) Did the deceased, to your knowledge, receive treatment during the last five years from any other physician, or in any hospital or institution? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to either question, please furnish the following:	

Name	Address	Nature of illness or injury	Date
.....
.....
.....

THESE STATEMENTS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Seal & Signature M.D.

Name of physician

Date 20

Address

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، انجیسی 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، ایجرٹن 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: 4-9207091-051، 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، ولاس روڈ،
آف آئی آئی چندریگر روڈ، کراچی۔
فون: 021-32414204
ای میل: complaints@secp.gov.pk