

**ATTENDING PHYSICIAN'S STATEMENT**  
IGI Life Insurance Limited

**TOTAL DISABILITY BENEFITS**

By giving full and complete answers, the Attending Physician will assist the Company in passing promptly on the claim. This statement is to be furnished without expense to the Company.

1. Full name of Insured	2. Where is Insured now located? (If an inmate of a hospital or other institution give name and address)
3. How long have you been Insured's medical advisor?	4. When did Insured's health first become affected? (Day) (Month) (Year)
5. Give Symptoms, Diagnosis and Prognosis of Disability.	

6. (a) Is Insured wholly disabled and prevented from engaging in any business or occupation whatsoever?	6. (b) If he is, from what date, to your knowledge, has he been so prevented? (Day) (Month) (Year)
7. (a) Date of your last visit or prescription in present affliction. (Day) (Month) (Year)	7. (b) Date of your last visit or prescription in present affliction. (Day) (Month) (Year)
8. Is Insured now confined to his bed or house? From what date? (Day) (Month) (Year)	9. When, in your opinion, may Insured be expected to do any kind of work?

10. Have you or any other physicians or practitioners attended or treated Insured for any cause whatsoever prior to present affliction?

a. Nature of diseases or injuries?	b. Dates of attendance? From To	c. Names of Physician Practitioners	d. Addresses

11. Has Insured ever received treatment for specific disease? If so, give particulars.

12. Has any member of Insured's family or any person in his immediate household ever been afflicted similarly? If so, who?

If heart is involved, what laboratory tests have been made?  Pulse ..... Regular/Irregular  Blood Pressure S ..... D .....	Additional Remarks
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_____ (Signature of Witness)	_____ M.D. (Seal & Signature of Physician)
Residence (No.) (Street) (City) (State)	Residence (No.) (Street) (City) (State)
Dated (Day) (Month) (Year)	Dated (Day) (Month) (Year)

## 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**

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

### **2. Official Coordinator, Small Disputes Resolution Committee – Islamabad**

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

### **3. Official Coordinator, Small Disputes Resolution Committee – Karachi**

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

### **4. Official Coordinator, Small Disputes Resolution Committee – Lahore**

The Deputy Registrar of Companies, Company Registration Office, 3<sup>rd</sup> & 4<sup>th</sup> Floor, Associate House, 7 - Egerton Road, Lahore  
Tel: (042) 99204962 to 66 - Ext: 28 E-mail: [complaints@secp.gov.pk](mailto: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، انیسوی بلڈنگ،  
پلاٹ نمبر 197/5، ڈاکٹر داؤد پوتا روڈ، کراچی  
فون: 021-99207761-62  
[www.fio.gov.pk](http://www.fio.gov.pk)

دفتری رابطہ کار (لاہور)  
اسمال ڈسپوٹس ریزولوشن کمیٹی  
سیکورٹیز اینڈ ایکسچینج کمیشن آف پاکستان  
ایسوسی ایٹ ہاؤس، 3rd فلور، 07 ایجنٹ روڈ، لاہور۔  
فون: (Ext 28) 042-99204962-66  
ای میل: [complaints@secp.gov.pk](mailto: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-یکسٹینشن 439  
ای میل: [complaints@secp.gov.pk](mailto:complaints@secp.gov.pk)

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