



CRITICAL ILLNESS CLAIMANT'S STATEMENT

Policy No. :-
Claim No. :-

(To be completed by the Policy Holder and return along with the Diagnosis Ticket and other Medical Reports)

1.	Name in full Address Occupation Telephone No.	
2.	Nature of Critical illness	
3.	Date of Diagnosis	
4.	Medical tests taken and the dates	
5.	Name and address of the Doctor you consulted first and the date of consultation	
6.	When did you first become aware of the illness?	
7.	What were the symptoms at that time?	
8.	Did you see a doctor during the last three years for any illness or disease other than the present one, if so, please state : a. Names and addresses of doctors who treated you and dates – b. Nature of illness / complaint -	

I do hereby declare that the answers give by me are true and complete.

I hereby authorize Janashakthi Insurance PLC. to obtain information regarding the state of my health or any other information or any report that may be required from my employer or from any hospital / s or medical attendants who treated me, or any other institution.

Date :

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Signature

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National Identity Card No.