

## Questionnaire on doctor(s) consulted

### Section A: Insured's details

Policy No	
Claim No	
Name of Insured	

Please provide the details of insured's regular doctor(s) and company doctor(s) below:

Name of Doctor	Address of Doctor

### Section B: Details on current Illness/ Hospitalisation

Has the insured/patient consulted a doctor for these diseases, conditions or injuries?

If yes, please provide the details below.

Yes  No

Name of Doctor	Address of Doctor

-----  
 Name and Signature of Policyholder

-----  
 Date