CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED
Registered and Head Office: " Dare House", II floor, Old No.234, New No.2, NSC Bose Road, Chennai - 600 001. India

Cholamandalam MS
GENERAL INSURANCE

Medical Report

(To be filled up by attending Doctor)

1.	Name of the Insured Person	
2.	Are you his/her usual medical attendant?	
3.	Details of injury sustained:	
4.	Cause of injuries as reported by the injured person at the time of treatment.	
5.	Does nature of injury tallies with the cause of accident:	
6.	Are the injuries suffered by the insured/injured person solely due to the accident or traceable to any serious injuries/disease/infirmities	
7.	Was he under the influence of liquor/drugs at the time of accident.	
8.	What was the treatment given to the injured	
9.	How many days injured/insured person was in hospital	
10.	Details & dates of treatment	Hospital From: To: Home From: To:
11.	Nature of injury suffered with the insured/injured person	Fatal: PTD: PPD: TTD:
12.	In case of PTD/PPD - kindly state the % of disability	
13.	In your opinion when will be insured/injured person will to resume duties.	
14. Any other information you would like to furnish		

I/We hereby to the best of my/our knowledge and belief, warrant the truth of the above details in every respect.

Place:

Date:

Signature

Name of the Doctor
Reg. No.
Address: