

PERSONAL ACCIDENT CLAIM - HEALING PROGRESS FORM

Note: This form is to be completed at the patient's expense by the patient's Attending Doctor.



Patient's Personal Details			
Name <input type="text"/>		Policy Number <input type="text"/>	
NRIC/Old IC/Passport/Birth Cert/Others <input type="text"/>	Date of Birth <input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	

SECTION A : Healing Progress Details

1. Please provide the follow up treatment details.

Date of Consultation (DD/MM/YYYY)	Details/Conditions of Physical Injuries	Details of Treatment (Eg. Dressing, Incision and Drainage, Medication Prescribed, etc)	Details of Healing Progress (Eg. Range of movement, condition of wound, etc)

SECTION B : Attending Doctor's Declaration

I hereby certify that I am the patient's attending doctor and I have personally examined and treated the patient for the illnesses/ injuries sustained and that the facts as stated above are all true to the best of my knowledge and information that I have perused.

Signature : _____ Date : _____

Name : _____

Professional Qualification : _____

MMC/ Registration Number : _____

Name & Address of Hospital/ Clinic : _____

Official Stamp of the Doctor : _____