PERSONAL ACCIDENT CLAIM - HEALING PROGRESS FORM

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

PRUDENTIAL

Patient's Personal Details

Name

Policy Number

NRIC/Old IC/Passport/Birth Cert/Others

Date of Birth

Gender

☐ Male ☐ 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 :

FORM ID 11701064

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