

HISTORY

Date of appearance of first symptoms: _____

Have you ever had the similar condition in past: Yes No(If "yes," state when and provide details): _____
_____**PRESENT CONDITION:**

Present symptoms: _____

Findings (include results of current X-rays, ECGs or any other special tests): _____
_____**TREATMENT:**

Date of first visit to Hospital/Doctor in this regard: _____

OP Number/Hospital No/Indoor Patient No.: _____

Date of last visit: _____ Frequency of visits (Weekly/Monthly/Other): _____

Date of Last examination: _____

PROGRESS: Recovered Improved Unimproved Retrogressed**DECLARATION:**

I do hereby declare that all the above statements are true and complete. I understand that in furnishing claim form **PNB MetLife** has not admitted liability or waived any of its rights. I hereby authorize the physician or hospital who has attended upon or examined or treated me for any ailment or illness to divulge any knowledge or information regarding my state of health which he/they may have acquired whether before or after the policy was issued by **PNB MetLife**.

I/We hereby further consent, and duly authorize, PNB MetLife to use, store, share, transfer and disclose any of the personal and sensitive information of mine/our collected or available with PNB MetLife (whether contained in this document or obtained otherwise) which may include but not limited to my KYC documents to any individual / organization / entity associated or affiliated with or engaged by PNB MetLife, including reinsurers, claim investigative agencies, vendors and industry associations/ federations, for the purpose of processing this claim and / or for providing subsequent services.

Signature/Left Thumb impression of claimant: _____ Date: _____

Name & Signature of Witness: _____ Date: _____

Address of Witness:

Official Seal of the Witness:

Note: Signature in Indian languages must have their English translation written beneath. Further the claimant signing in the Indian language should give a declaration in the Indian language that he has understood the contents of the above form fully and properly as explained to him in the Indian language by an English knowing person who shall also sign to the effect that he has fully explained the contents of the above form to claimant.