

Critical Illness Claim Form: Heart Related Conditions

1. Disorder and Treatment :Open Heart Replacement or Repair of Heart Valves:

a). Name and address of the hospital where the procedure / surgery was performed

b) Name of the attending medical specialist:

c) Did the patient has a past history of Rheumatic Heart Disease?

Yes/No If 'yes', please provide the following details:

Date of Diagnosis:

Treatment details:

d) Was a 2D echo with Doppler done? YES/NO

If Yes, please mention the date it was done and the findings:

(Please also enclose a copy of the report)

e) Details of Surgery:

Type of Surgery performed:_____

Date of Surgery: _____

Valves repaired/replaced:_____

Was an open heart surgery undertaken? Yes / No

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Star Union Dai-ichi Life Insurance Company Limited

Registered Office: Star House, 3rd Floor, West Wing, C-5, G Block, Bandra Kurla Complex, Bandra (E), Mumbai - 400051

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Toll Free No.: 18002008833 • Tel.: 022-39546300 (Call charges apply, 8.00 am to 8.00 pm)

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f) Remarks and/or additional information (if any):

I hereby declare that the above statements are true and complete to the best of my knowledge.

Signature and Seal of Medical Attendant / Cardiologist:

Name:

Registration No:

Qualification:

Address:

Telephone No:

Date & Place:

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