

We thank you for applying for an HDFC Life Insurance Policy. To enable us to assess your application, kindly get this form completed and duly signed by the Life to be Assured's attending Obstetrician / Physician.

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| Application No./ Proposal No. | |
| Name of Life to be Assured | |

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| 1. How long have you been the Obstetrician / Physician of the patient? | |
| 2. When was last menstrual period? | |
| 3. What is expected date of delivery? | |
| 4. Please give us with complete Obstetric history of the patient (history of any miscarriages/ Ectopic pregnancies/ Caesarean section/ any other complications) | |
| 5. Is the current state of pregnancy normal? If no, kindly provide us with details of current status of pregnancy. | Yes / No |
| 6. Please mention details of the treatment including name, dosage and frequency of medication(s) prescribed. | |
| 7. Any history of previous childbirth? If yes, whether it was normal or assisted? | Yes / No |
| 8. Please mention the nature of investigations carried out including BP readings, lab tests, ultrasonography and the results thereof. | |

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| 9. Please state the Blood Group of the patient with Rh factor. | |
| 10. Does the patient suffer from any known complications like Diabetes, Gestational Diabetes, Hypertension, Proteinuria, Anaemia, Edema, Eclampsia, etc. | |
| 11. Does the foetus show normal cardiac activity and growth for duration? | |
| 12. What is the prognosis? | |
| 13. Do you consider this as a high-risk pregnancy for any reason? If yes, please mention reason for high-risk of pregnancy. | Yes / No |
| 14. Name, address and telephone number of the Doctor / Hospital where the patient is registered or proposes to register for delivery. | |
| 15. Please provide any additional details, which you consider, are relevant. | |

Signature of attending
Obstetrician / Physician who
has completed this report

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Date:.....
Place:.....

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|--|--|
| Name of the attending Obstetrician / Physician who has filled this report. | |
| Address | |
| | |
| Registration Number & Qualifications | |
| Telephone Number | |
| Stamp & Seal | |

HDFC Life Insurance Company Limited ("HDFC Life").

CIN: L65110MH2000PLC128245. IRDAI Registration No. 101.

Regd. Off: 13th Floor, Lodha Excelus, Apollo Mills Compound, N.M. Joshi Marg, Mahalaxmi, Mumbai - 400 011.

For queries or more information, call us on **1860-267-9999** (Local charges apply). DO NOT prefix any country code e.g. +91 or 00. Available Mon-Sat from 10 am to 7 pm | Email - service@hdfclife.com | nriservice@hdfclife.com (For NRI customers only) | Visit - www.hdfclife.com