

**Post mortem medical report**

(issued by the physician providing treatment)

**Strictly confidential**

To be sealed and sent direct to: Company Doctor, Allianz Suisse Life, P.O. Box, 8010 Zurich, Switzerland

Insured person:	_____	Policy no.	_____
Date of birth:	_____	AHV no.	_____
Address:	_____	O BT KL	_____
	_____	Employee ini-	_____
	_____	tials	_____

1. How long had you known the above-mentioned person?	_____
2. When did you begin treatment of the illness that led to that person's death? Was the deceased being treated by other doctors for this illness? By whom?	_____ _____
3. What were your findings after your initial examination and what was your diagnosis?	_____ _____
4. Did the deceased receive treatment prior to his/her final illness? When was the deceased treated, by whom and for what illnesses?	_____ _____ _____
5. In your opinion, when did the illness that eventually led to death begin?	_____ _____
6. Death as a result of	<input type="checkbox"/> Illness <input type="checkbox"/> Accident <input type="checkbox"/> Suicide
7. What was the exact cause of death?	_____ _____
8. Was an autopsy or an anatomopathological examination carried out?	_____ _____
9. Comments:	_____ _____ _____

<b>Place:</b>	<b>Date:</b>	<b>Doctor's signature and stamp:</b>
_____	_____	_____