

BR-115

D.T. 19/11/2024
BO 115

DATA SHEET

(To be submitted to the Company with the proposal to avail services of TPA, etc. (as applicable))

NAME OF THE LIFE PROPOSED Jasvinder Singh

Prop No. / Pol. No. 116720149

AGE OF LIFE PROPOSED 62 DATE OF BIRTH 07/02/63 Sex: M

Sum Under Consideration (SUCR) 5,00,000

TELEPHONE NO./ MOBILE NO.: Abhi Hek

E-MAIL ID: _____

SPECIAL REPORTS REQUIRED

- | | |
|-------------------------------------|------------------------|
| 1. <u>FMR</u> | 8. SBT - 13 |
| 2. <u>ECG TRACING AND REPORT</u> | 9. <u>RUA</u> |
| 3. <u>FBS (Fasting Blood Sugar)</u> | 10. <u>CTMT</u> |
| 4. <u>Hb%^{1c}</u> | 11. <u>NOAIC</u> |
| 5. <u>LIPIDOGRAM</u> | 12. <u>CHEST X-RAY</u> |
| 6. <u>HAEMOGRAM</u> | 13. <u>2 D ECHO</u> |
| 7. <u>ELISA FOR HIV</u> | |

14. ANY OTHER TEST(S) _____

Kindly arrange to get the above proposal medically examined under _____

Signature of the Agent

P. BR. MANI

NAVYA HOSPITAL
RZ-13B, WAFGARH,
NEW DELHI-110043

To,
LIC of India
Branch Office
115

Date: 23/11/2024.

Proposal No. 116720/49

Name of the Life to be assured Jasvinder Singh

The Life to be assured was identified on the basis of Pan card.

I have satisfied myself with regard to the identity of the Life to be assured before conducting tests / examination for which reports are enclosed. The Life to be assured has signed as below in my presence.

Dr. PANKAJ KUMAR
MBBS, MD (GEN.MED)
REG.NO.- 26552

Signature of the Pathologist/ Doctor

Name:

I confirm, I was on fasting for last 10 (ten) hours. All the Examination / tests as mentioned below were done with my consent.

Jasvinder Singh

(Signature of the Life to be assured)

Name of life to be assured: Jasvinder Singh

Reports Enclosed:

Sr. No	Reports Name	Sr. No	Reports Name
1	FMR	9	Lipidogram
2	Rest ECG with Tracing	10	BST (Blood Sugar Test-Fasting & PP) Both
3	Haemogram	11	Hba1c
4	Hb%	12	FBS (Fasting Blood Sugar)
5	SBT-13	13	PGBS (Post Glucose Blood Sugar)
6	Elisa for HIV	14	CTMT with Tracing
7	RUA	15	Proposal and other documents
8	Chest X-Ray with Plate (PA View)		

16. Questionnaires: _____

17. Others (Please Specify) _____

Remarks of Health Assure PVT LTD

Authorized Signature, _____

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RZ-13B, KALPASHAH,
NEW DELHI-110043



LIC

MEDICAL EXAMINER'S REPORT
Form No LIC03-001(Revised 2020)

Branch Code: 115
Proposal/ Policy No: 116720149
MSP name/code :
Date & Time of Examination:
Medical Diary No & Page No:

Mobile No of the Proposer/Life to be assured: .
Identity Proof verified: Passcard ID Proof No. 845R
(In Case of Aadhaar Card , please mention only last four digits)

[Note: Mobile number and identity proof details to be filled in above . For Physical MER, Identity Proof is to be verified and stamped.]

For Tele/ Video MER, consent given below is to be recorded either through email or audio/video message. For Physical Examination the below consent is to be obtained before examination.

"I would like to inform that this call with/ visit to Dr. Dr. PANKAJ KUMAR
MBBS, MD (GEN.MED) (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/ Video/ Physical Examination on behalf of LIC of India".
REG.NO.- 26552

Jasvinder Singh
Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

1 Full name of the life to be assured: JASVINDER SINGH
2 Date of Birth: 07/02/1968 Age: 62 Gender: M
3 Height (In cms): 166 Weight (in kgs) : 72

4 Required only in case of Physical MER
Pulse : 79 Blood Pressure (2 readings):
1. Systolic 120 Diastolic 80
2. Systolic 120 Diastolic 80

ASCERTAIN THE FOLLOWING FROM THE PERSON BEING EXAMINED
If answer/s to any of the following questions is Yes, please give full details and ask life to be assured to submit copies of all treatment papers, investigation reports, histopathology report, discharge card, follow up reports etc. along with the proposal form to the Corporation

5 a. Whether receiving or ever received any **treatment/medication** including alternate medicine like ayurveda, homeopathy etc ?
b. Undergone any **surgery / hospitalized** for any medical condition / disability / injury due to accident?
c. Whether visited the doctor any time in the last 5 years ?
If answer to any of the questions 5(a) to (c)) is yes -
i. Date of surgery/accident/injury/hospitalisation
ii. Nature and cause
iii. Name of Medicine
iv. Degree of impairment if any
v. Whether unconscious due to accident, if yes, give duration

No

6 In the last 5 years, if advised to undergo an X-ray/ CT scan / MRI / ECG / TMT / Blood test / Sputum/Throat swab test or any other investigatory or **diagnostic tests**?
Please specify date , reason ,advised by whom &findings.

No

7 Suffering or ever suffered from **Novel Coronavirus (Covid-19)** or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhea (mucus discharge from the nose), Sore throat, Gastro-intestinal symptoms such as nausea, vomiting and/or diarrhoea, Chills, Repeated shaking with chills, Muscle pain, Headache, Loss of taste or smell within last 14 days.
If yes provide all investigation and treatment reports

No

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RZ-13B, ~~DELHI~~ GARGH,
NEW DELHI-110043

8	<p>a. Suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar /albumin in urine?</p> <p>b. Since when, any follow up and date and value of last checked blood pressure and sugar levels?</p> <p>c. Whether on medication? please give name of the prescribed medicine and dosage</p> <p>d. Whether developed any complications due to diabetes?</p> <p>e. Whether suffering from any other endocrine disorders such as thyroid disorder etc.?</p> <p>f. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?</p>	No
9	<p>a. Any history of chest pain, heartattack, palpitations and breathlessness on exertion or irregular heartbeat?</p> <p>b. Whether suffering from high cholesterol?</p> <p>c. Whether on medication for any heart ailment/ high cholesterol? Please state name of the prescribed medicine and dosage.</p> <p>d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?</p>	No
10	Suffering or ever suffered from any disease related to kidney such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any Liver disorders like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any lung related or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis breathing difficulties etc.?	No
12	Suffering or ever suffered from any Blood disorder like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of cancer , leukaemia, tumor, cyst or growth of any kind or enlarged lymph nodes?	No
14	Suffering or ever suffered from Epilepsy, nervous disorder , multiple sclerosis, tremors, numbness, paralysis, brain stroke?	No
15	Suffering or ever suffered from any physical impairment/ disability /amputation or any congenital disease/abnormality or disorder of back, neck, muscle, joints, bones, arthritis or gout?	No
16	Suffering or ever suffered from Hernia or disorder of the Stomach / intestines, colitis, indigestion, Peptic ulcer, piles, or any other disease of the gall bladder or pancreas?	No
17	<p>a. Suffering from Depression/Stress/ Anxiety/ Psychosis or any other Mental / psychiatric disorder?</p> <p>b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages</p>	No
18	Is there any abnormality of Eyes (partial/total blindness).Ears (deafness/ discharge from the ears), Nose, Throat or Mouth,teeth, swelling of gums / tongue, tobacco stains or signs of oral cancer?	No
19	Whether person being examined and/ or his/her spouse/partner tested positive or is/ are under treatment for HIV /AIDS/Sexually transmitted diseases (e.g. syphilis, gonorrhoea, etc.)	No
20	Ascertain if any other condition / disease / adverse habit (such as smoking/ tobacco chewing/ consumption of alcohol/drugs etc) which is relevant in assessment of medical risk of examinee.	No

For Female Proponents only	
i	Whether pregnant? If so duration.
ii	Suffering from any pregnancy related complications
iii	Whether consulted a gynaecologist or undergone any investigation, treatment for any gynaec ailment such as fibroid, cyst or any disease of the breasts, uterus, cervix or ovaries etc. or taken / taking any treatment for the same

/ N/A

FROM MEDICAL EXAMINER'S OBSERVATION/ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY	Good
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Declaration

You Mr/Ms Jasvinder Singh declare that you have fully understood the questions asked to you during the call / Physical Examination and have furnished complete, true and accurate information after fully understanding the same. We thank you for having taken the time to confirm the details. The information provided will be passed on to Life Insurance Corporation of India for further processing.

Jasvinder Singh

Signature/ Thumb impression of Life to be assured
(In case of Physical Examination)

I hereby certify that I have assessed/ examined the above life to be assured on the 23 day of 11 2024 vide Video call / Tele call/ Physical Examination personally and recorded true and correct findings to the aforesaid questions as ascertained from the life to be assured.

Pankaj
Dr. PANKAJ KUMAR
MBBS, MD (GEN.MED)

Signature of Medical Examiner
Name & Code No. REG NO. - 20552

Place: Delhi
Date: 23/11/24
Stamp:

NAVYA HOSPITAL
RZ-13B, DELHI GATE,
NEW DELHI-110043

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

AYQPS6845R

नाम / Name

JASVINDER SINGH

पिता का नाम / Father's Name

PARTAP SINGH

जन्म की तारीख / Date of Birth

07/02/1963

Jasvinder Singh

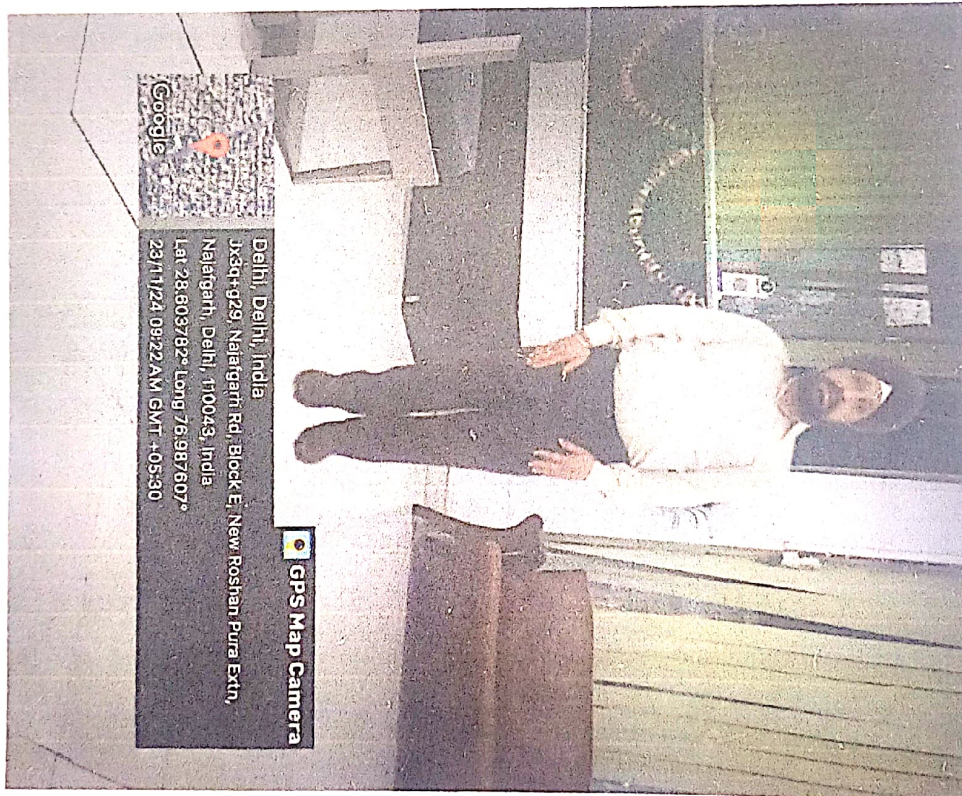
हस्ताक्षर / Signature

Dr. PANKAJ KUMAR
MBBS. MD (GEN.MED)
REG.NO.- 26552



20122017

Jasvinder Singh



NAVYA HOSPITAL
RZ-13E, NAJAFGARH,
NEW DELHI-110043

LIFE INSURANCE CORPORATION OF INDIA

Form No. LIC03 - 002

ELECTROCARDIOGRAM

Zone _____ Division _____ Branch 115
 Proposal No. 1167 20149

Agent/D.O. Code: _____ Introduced by: (name & signature)

Full Name of Life to be assured: JASVINDER SINGH

Age/Sex : 62/M

Instructions to the Cardiologist:

- i. Please satisfy yourself about the identity of the examiners to guard against impersonation
- ii. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance. Also obtain signatures on ECG tracings.
- iii. The base line must be steady. The tracing must be pasted on a folder.
- iv. Rest ECG should be 12 leads along with Standardization slip, each lead with minimum of 3 complexes, long lead II. If L-III and AVF shows deep Q or T wave change, they should be recorded additionally in deep inspiration. If V1 shows a tall R-Wave, additional lead V4R be recorded.

DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete and no information has been withheld. I do agree that these will form part of the proposal dated _____ given by me to LIC of India.

Witness

Jasvinder Singh
 Signature or Thumb Impression of L.A.

Note : Cardiologist is requested to explain following questions to L.A. and to note the answers thereof.

- i. Have you ever had chest pain, palpitation, breathlessness at rest or exertion? Y/N
- ii. Are you suffering from heart disease, diabetes, high or low Blood Pressure or kidney disease? Y/N
- iii. Have you ever had Chest X- Ray, ECG, Blood Sugar, Cholesterol or any other test done? Y/N

If the answer/s to any/all above questions is 'Yes', submit all relevant papers with this form.

Dated at 22 on the day of 23/11 2004

Signature of L.A.

Jasvinder Singh

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 NEW DELHI-110043

Dr. PANKAJ KUMAR
 MBBS. MD (GEN.MED)
 REG.NO.- 26552

Signature of the Cardiologist

Name & Address

Qualification Code No.

Clinical findings

(A)

Height (Cms)	Weight (kgs)	Blood Pressure	Pulse Rate
166	72	120/80	79

(B) Cardiovascular System

.....

Rest ECG Report:

Position	Supine	P Wave	Normal
Standardisation Imv	10 mm	PR Interval	Normal
Mechanism	Normal	QRS Complexes	Normal
Voltage	Normal	Q-T Duration	Normal
Electrical Axis	Normal	S-T Segment	Normal
Auricular Rate	79/min	T-wave	Normal
Ventricular Rate	79/min	Q-Wave	Normal
Rhythm	Normal		—
Additional findings, if any.	None		—

Conclusion:

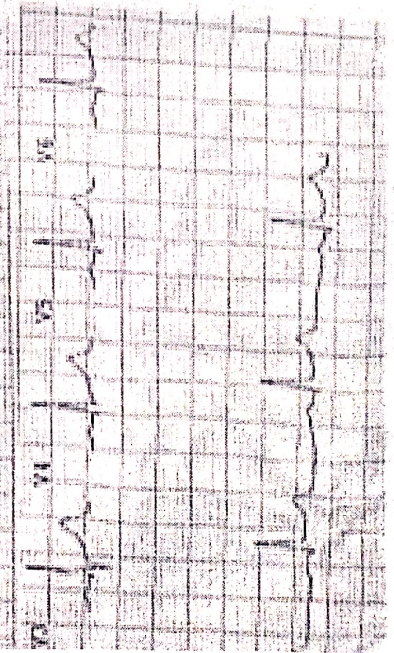
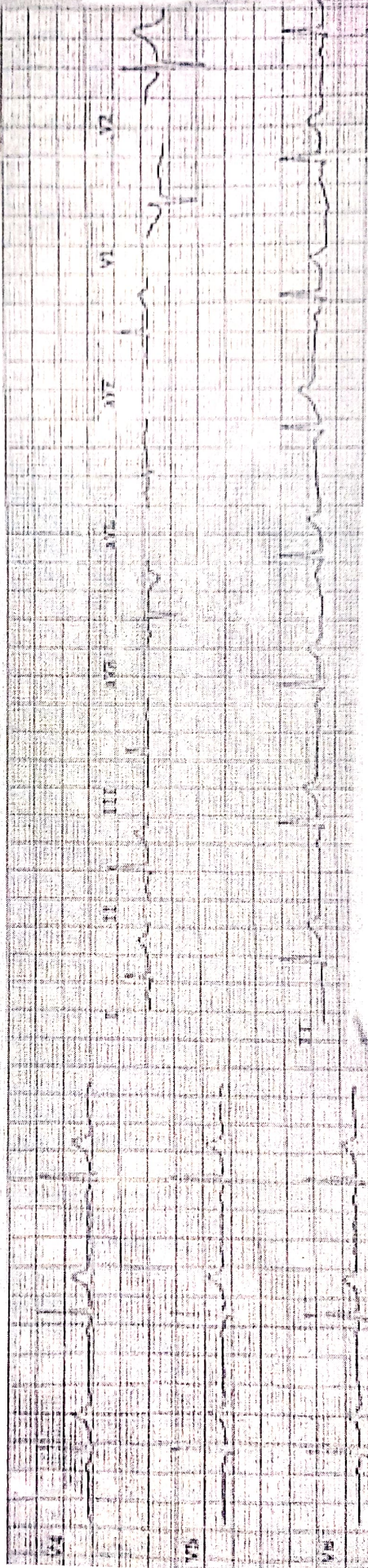
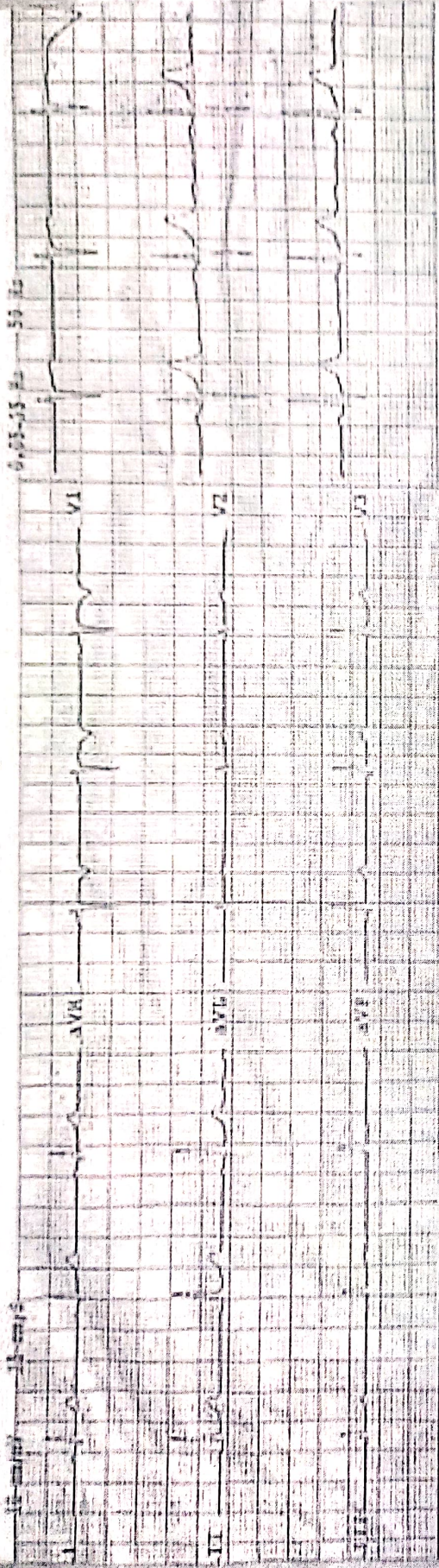
Normal

Dated at 21/11 on the day of 23/11/2004


 Dr. PANKAJ KUMAR
 MBBS. MD (GEN.MED)
 REG.NO.- 26552

Signature of the Cardiologist
 Name & Address
 Qualification
 Code No.


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 RZ-13B, JAFGARH,
 NEW DELHI-110043



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NEW DELHI-110043

DR. PANKAJ KUMAR
MBBS. MD (GEN.MED)
REG.NO.- 26552

ANNEXURE II - 10

LIFE INSURANCE CORPORATION OF INDIA
SPECIAL BIO - CHEMICAL TESTS -13 (SBT13)

Form No. LIC03 - 011

ELISA FOR HIV

Zone _____ Division _____ Branch 115 DATE /TIME 23/11/2024 09:20 AM
Proposal No. 116720149
Agent/D.O. Code: _____ Introduced by: (name & signature)
Full Name of Life to be assured: MR. GJASVINDER SINGH
Age/Sex :62/M

S.NO.	TYPE OF TEST	ACTUAL READING	NORMAL VALUE
1	BLOOD SUGAR FASTING	89.8	60-110 MG/DL
2	TOTAL CHOLESTEROL HIGH DENSITY LIPID (HDL) LOW DENSITY LIPID (LDL)		100-250 MG/DL 30-60 MG/DL 00-150 MG/DL
3	TRIGLYCERIDES		25-160 MG/DL
4	CREATININE		0.2-1.3 MG/DL
5	BLOOD URAE NITROGEN (BUN)		6.0-21.0 MG/DL
6	S PROTEINE (A) ALBUMIN (B) GLOBULINE (C) AG RATIO		6.5-8.5 MG/DL 3.5-6.0 MG/DL 1.8-2.5 MG/DL
7	S. BILIRUBIN (A) DIRECT (B) INDIRECT (C) TOTAL		0.0-02 MG/DL 0.2-0.8 GM/DL 0.2-1.0 MG/DL
8	SGOT (AST)		04-45 IU/DL
9	SGPT (ALT)		00-40IU/DL
10	GGTP (GGT)		11-50IU/DL
11	S. ALKANINE PHOSPATASE		15-112IU/DL
12	HBSAG (AUSTRALIA ANTIGEN)		NEGATIVE
13	ELISA FOR HIV		NEGATIVE

NAVYA HOSPITAL
 RZ-138, NAJAFGARH,
 NEW DELHI-110043

SIGNATURE OF PATHOLOGIST
PATHOLOGIST'S NAME & ADDRESS ALIFICATION
Dr. SAKSHI VIRMANI
MBBS, MD PATH
REG. NO. - 8941

NAVYA HOSPITAL
 RZ-138, NAJAFGARH,
 NEW DELHI-110043

Disclaimer: There are chances for human error during printing. If results are unexpected or alarming. Please contact immediately and recheck. Reports are not for medico legal purpose. It is only a professional opinion Please clinical correlation is mandatory.

CARE Plus
DIAGNOSTICS

Address:- Navya Hospital, RZ-138, New Roshanpura, Najafgarh, New Delhi-110043