

# MedSave

INDIA  
(TPA)

To  
LIC of India,  
Branch Office,

241

Proposal No/ Policy No/Agent code. 5437

Name of the life to be assured Kamendra Pratap Singh

The life to be assured was identified on the basis of Aadhaar 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 below in my presence.

Signature of the pathologist/doctor  
Name:

Dr. Mohit Kumar  
M.B.B.S  
Reg. No-75179

The examination tests were done with my consent and I am giving my blood sample after observing the fasting for 12 hours.

SIKARWAR SCAN CENTER

Signature of the life to be assured  
Name:

Reports enclosed:

- |                          |  |
|--------------------------|--|
| 1) FMR                   | 8) Chest X-Ray with Plate (PA View)          |
| 2) Rest ECG with Tracing | 9) Lipidogram                                |
| 3) Haemo gram            | 10) BST-(Blood Sugar Test Fasting & PP)-Both |
| 4) Hb%                   | 11) HbA1C                                    |
| 5) SBT-13                | 12) FBS-(Fasting Blood Sugar)                |
| 6) Elisa for HIV         | 13) PGBS-(Post Glucose Blood Sugar)          |
| 7) RUA                   | 14) CTMT with Tracing                        |
|                          | 15) Proposal & Other Documents               |
|                          | 16) Urine Cotinine Test                      |

Questionnaire \_\_\_\_\_

Others (Please Specify) \_\_\_\_\_

Rubber stamp of TPA



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

Branch Code :	241
Proposal / Policy No. :	5437
MSP Name/code :	Nudeam (TPA)
Date & Time of Examination :	17/12/20
Medical Diary No & Page No. :	(34)

Sl.No. : 34

Mobile No of the Proposer/Life to be assured: 9793403456  
 Identity Proof verified: Aadhar Card ID Proof No. 0290  
 (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. Mahesh Kumar (Name of the Medical Examiner) is for conducting your Medical Examination through Tele/Video/Physical Examination on behalf of LIC of India".

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

1	Full name of the life to be assured :	<u>Kamunendra Prateb Singh</u>	
2	Date of Birth :	<u>16/06/1986</u>	Age : <u>34</u> Gender : <u>Male</u>
3	Height (in cms) :	<u>170</u>	Weight (in kg) : <u>88</u>
4	Required only in case of Physical MER	Blood Pressure (2 readings) 1. Systolic <u>124</u> Diastolic <u>82</u> 2. Systolic <u>124</u> Diastolic <u>82</u>	

**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	<u>NO</u>
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.	<u>NO</u>
7	Suffering or ever suffered from <b>Novel Coronavirus (Covid-19)</b> or experienced any of the symptoms (for more than 5 days) such as any fever, Cough, Shortness of breath, Malaise (flu-like tiredness), Rhinorrhoea (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 will in last 14 days If yes provide all investigation and treatment reports.	<u>NO</u>
8	a. suffering from Hypertension (high blood pressure) or diabetes or blood sugar levels higher than normal or history of sugar/albumin in urine? b. Since when, any follow up and date and value of last checked blood pressure and sugar levels? c. Whether on medication? please give name of the prescribed medicine and dosage e. Whether developed any complications due to diabetes?	<u>NO</u>





	f. Whether suffering from any other endocrine disorders such as thyroid disorder etc.? g. Any weight gain or weight loss in last 12 months (other than by diet control or exercise)?	No
9	a. Any history of chest pain, <b>heart attack</b> , palpitations and breathlessness on exertion or irregular heart beat? b. Whether suffering from <b>high cholesterol</b> ? c. Whether on medication for <b>any heart</b> ailment/ high cholesterol? Please state name of the prescribed medicine and dosage. d. Whether undergone Surgery such as CABG, open heart surgery or PTCA?	No
10	Suffering or ever suffered from any disease related to <b>kidney</b> such as kidney failure, kidney or ureteral stones, blood or pus in urine or prostate?	No
11	Suffering or ever suffered from any <b>Liver disorders</b> like cirrhosis, hepatitis, jaundice, or disorder of the Spleen or from any <b>lung related</b> or respiratory disorders such as Asthma, bronchitis, wheezing, tuberculosis, breathing difficulties etc.?	No
12	Suffering or ever suffered from any <b>Blood disorder</b> like anaemia, thalassemia or any Circulatory disorder?	No
13	Suffering or ever suffered from any form of <b>cancer</b> , 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 pancreas?	No
17	a. Suffering from Depression/ Stress/ Anxiety/ Psychosis or any other Mental/ psychiatric disorder? b. Whether on treatment or ever taken any treatment, if yes, please give details of treatment, prescribed medicine and dosages	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 alcohol/ drugs etc) which is relevant in assessment of medical risk of examinee.	No
<b>For Female Proponents only</b>		
i.	Whether pregnant? If so duration.	NA
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	
FROM MEDICAL EXAMINER'S OBSERVATION/ ASSESSMENT WHETHER LIFE TO BE ASSURED APPEARS MENTALLY AND PHYSICALLY HEALTHY.		Yes

**Declaration**

You Mr/Ms Kamendra Prakash 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.



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 17 day of 12 20 20 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.

Place: Allahabad  
Date: 17/12/20  
Stamp:

Dr. Mahesh Kumar  
M.B.B.S

Signature of Medical Examiner Rep. No-75179  
Name & Code No:

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

Zone NCZ Division 031 Branch 241 Proposal No. 5437



Agent/D.O. Code: \_\_\_\_\_  
Introduced by: \_\_\_\_\_  
(Name & Signature)  
Full Name of Life to be assured: Kamendra Pratap Singh  
Age/Sex : 34 Y/M

	Type of Test	Actual Reading	Normal Range
1	Fasting Blood Sugar	81.6	60 - 110 mg/dl
2	Total Cholesterol	168.0	150 - 250 mg/dl
3	High Density Lipid (HDL)	39.7	35 - 75 mg/dl
3	Low Density Lipid (LDL)	100.8	75 - 150 mg/dl
4	S. Triglycerides	137.8	10 - 190 mg/dl
4	S. Creatinine	0.87	0.9 - 1.4 mg/dl
5	Blood Urea Nitrogen (BUN)	9.2	07 - 21 mg/dl
6	S. Proteins	7.1	6 - 8 mg/dl
	(a) Albumin	4.0	3.5 - 5.2 mg/dl
	(b) Globulin	3.1	2.4 - 3.8 mg/dl
	© AG Ratio	1:2:1	1.0 - 2.3 mg/dl
7	S. Bilirubin	0.52	0.2 - 1.0 mg/dl
	(a) Direct	0.32	0.2 - 1.4 mg/dl
	(b) Indirect	0.20	0.6 - 2.0 mg/dl
	© Total	0.52	0.2 - 1.0 mg/dl
8	SGOT (AST)	24.7	8 - 40 iu/l
9	SGPT (ALT)	45.9	12 - 40 iu/l
10	GGT (GGT)	23.6	22 - 48 iu/l
11	S. Alkaline Phosphatase	108.3	75 - 360 iu/l
12	HbsAg (Australia Antigen)	Negative	
13	Elisa for HIV (Method)	Negative	

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at Allahabad on the 17 Dec day of 2020 at 10:53 AM/P.M.

[Signature]  
Signature of the LA  
Pathologist's Name Dr. Asha Srivastava  
Address (M.D.) (M.P.H.O.)

Reg. No. of the Pathologist  
Qualification

Proposer was identified on the basis of \_\_\_\_\_  
SIGNATURE OF PATHOLOGIST

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Corporation Of India

Special Medical Report

**RUA URINE ANALYSIS**

Zone: HCZ

Division 031 Branch: 211

Proposal No 5437  
Agent/D. O. Code

Introduced by:

(name of signature)

Full Name of Life be assured

Kamleshwar Pratab Singh

Age / Sex 34 y/M

1. Physical Examination

- (1) Colour - Fale yellow
- (3) Transparency - Clear

- (2) Sediment Nil
- (4) Reaction - Acidic

2. Chemical Examination

- (1) Protein - Nil
- (3) Bile Salt - Nil

- (2) Sugar - Nil
- (4) Bile Pigments - Nil

3. Microscopic Examination-

- (1) Red Blood Examination Nil
- (3) Crystals - Nil
- (5) Casts - Nil

- (2) Epithelial Cells - 2-4
- (4) Pus Cells - 1-2
- (6) Deposit - Nil

Remarks:

If pus cells are present GRAM STAIN is necessary  
If haematuria is present ZIEHL NEELESEN METHOD is necessary

I declare that the person (investigated) signed (affixed his/her thumb impression) in The space earmarked below, in my presence and that I am not related to him/her or The agent or the Development Officer

Dated at Allahabad on the 17 Dec day of 2020

10:53 at A.M. / P.M.

Signature of the L.A.

Dr. Asha Srivastava  
(MD (PATHO))  
Signature of the Pathologist

Pathologist's name Address  
Qualification  
LIC Code No.

SIKARWAR SCAN CENTER





# Life Insurance Corporation of India

**Hb%**

Zone NCZ

Division 051

Branch 241

Proposal NO 5437

Agent / D.O. Code

Introduced by

(name of signature)

Kamundra Pradeb Singh

Age / Sex Years/ Male 34 Y/M

EXAMINATION of Blood for **Hb%**

14.5

(Male) 13 - 17 %

(Female) 12 - 15 %



I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below in my presence and I am not related to him / her or the agent or the Development officer

Dated Atwarabad at 17 Dec on the 10:53 day of 2020 at ✓ A.M. / P.M.

Signature of the L.A.

Signature of the pathologist  
Dr. Asha Sinhasina

(M.D. Pathology)

Pathologist name & Address Reg. No. 3473/5003  
Qualification LI LIC Code No.



# LIFE INSURANCE CORPORATION OF INDIA ELECTROCARDIOGRAM

Zone Ncz Division 031 Branch 241

Proposal No. 5437

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

Full Name of Life to be assured Kamendra Pratap Singh

Age/sex 34 y/m

### Instructions to the Cardiologist:

1. Please satisfy yourself about the identify of the examiners to guard against impersonation.
2. The examinee and the person introducing him must sign in your presence. Do not use the form signed in advance.
3. The base line must be steady. The tracing must be pasted on a folder.
4. Rest ECG should be 12 leads along with standardisation slip, each lead with minimum of 3 complexes, long lead II if shows deep Q or t wave change, they should be recorded additionally in deep inspiration. IF VI shows a tall R- Wave, additional recorded.

shows deep Q or t wave change, they should be recorded additionally in deep inspiration. IF VI shows a tall R- Wave, additional recorded.

### DECLARATION

I hereby declare that the foregoing answers are given by me after fully understanding the questions. They are true and complete information has been withheld, I do agree that these will form part of the proposal Dated..... given by me to LIC India

Witness..... Signature or thumb Impression of L.A.

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

- Have you ever had chest pain, palpitation, breathlessness at rest or exertion ?  
Y/N NO
- Are you suffering from heart disease, daibeted, high or low Blood pressure or kidney disease?  
Y/N NO
- Have you ever had Chest X-Ray, ECG Blood sugar, cholesterol or any other test done?  
Y/N NO

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

Dated at Ahmedabad 17 Dec on the day of .....

2020

Dr. Nishant Kumar  
M.D., D.A.C.P. (Cardiology)

Signature of L.A. .....  
Signature of the Medical Examiner  
Name & Address of ME .....  
Qualification .....  
M,E's Code No .....



Clinical findings:

(A)

Height (cms)	Weight(kgs)	Blood pressure	Pulse Rate
170	88	124/82	72

(B) Cardiovascular system NAD

Rest RCG Report

Position	Supine	P Wave	
Standardisation Imv	10	PR Interval	
Mechanism	Sinus	QRS Complexes	
Voltage	10	O.T. Duration	
Electrical Axis	Normal	S-T Segment	WNL
Auricular Rate	66	R-Wave	
Ventricular Rate	66	Q-Wave	
Additional findings if any			
Conclusion	WNL		

Dated at Alwar Road 17 Dec on the day of

Dr. Nishant Tripathi 2020

M.D., D.M.,

Reg. No. 3094

Signature of the Medical Examiner  
Name & Address of ME  
Qualification of ME  
ME'Code No.

SIKARIWAR SCAN CENTER



D: 598

Kamlesh Pratap Singh  
Male 34Years  
170cm 88kg 124/82 mmHg



17-12-2020 11:11:56

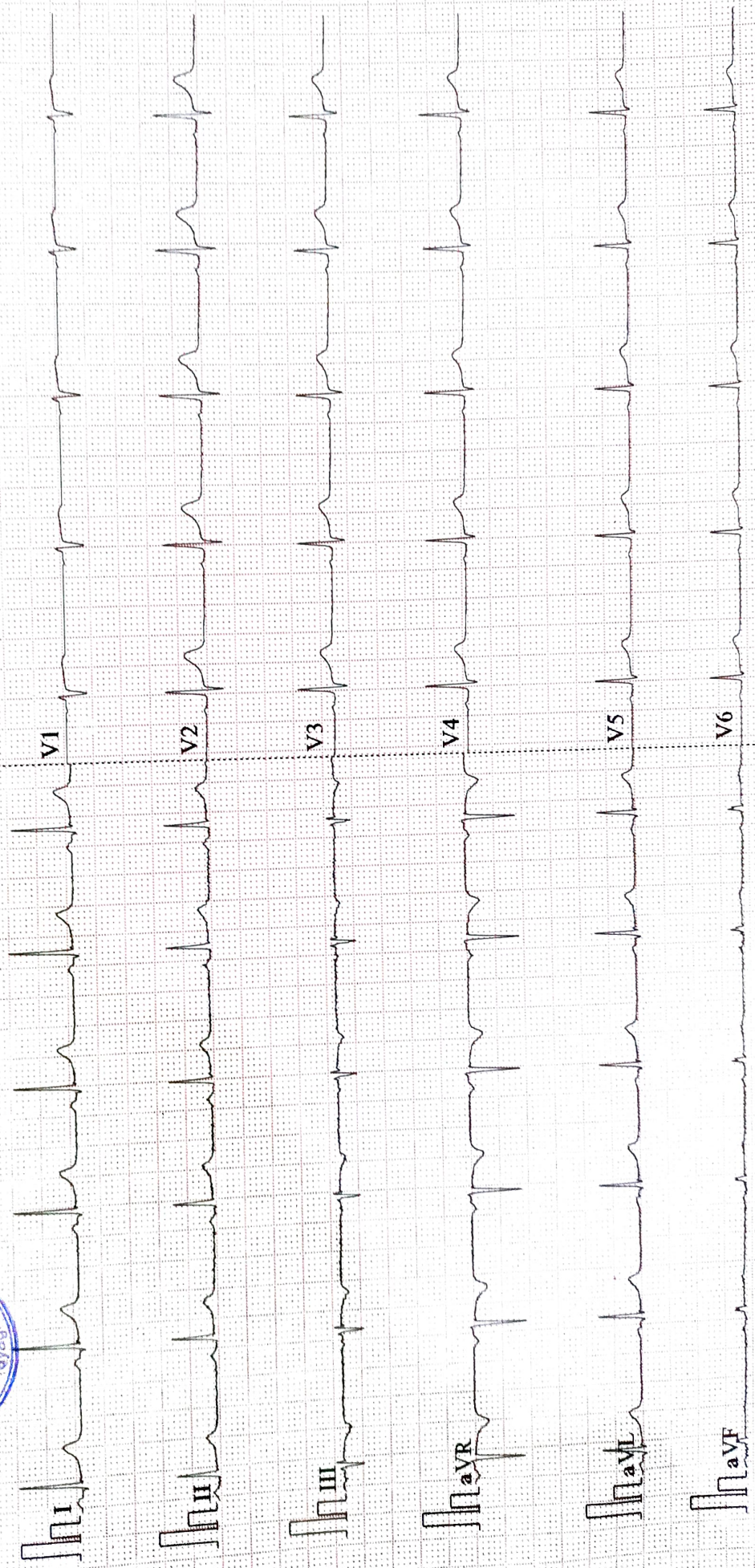
HR : 65 bpm  
P : 83 ms  
PR : 128 ms  
QRS : 77 ms  
QT/QTc : 364/378 ms  
P/QRS/T : 2/22/9 °  
RV5/SV1 : 1.302/0.695 mV

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Diagnosis Information:  
Sinus Arrhythmia

*Dr. Vibhakar Pathi*  
M.D. (C.C.) (Cardiology)  
Reg. No-52474

Ref-Phys. : LIC  
Report Confirmed by:





# SIKARWAR

## Scan Center

### Dr. L.S. Sikarwar

MBBS (General) (Fellowship in Radiology)

Mob.: 9415214224

36, Mata Anandmai Colony, Lowther

90000

e Town, Prayagraj



SIKARWAR SCAN CENTER

*Handwritten signature*

2020/12/17 10:53



Proposal No : 5437 Medical Code : M : Medical case Policy No. : Agency Code : 06556241  
 Proposal Dt : 11/12/2020 Policy Type : ORD Life Assured : SINGH KP Dev Officer : 0006973

Plan : 938 Name : MR.KAMLESH PRATAP SINGH Customer Id : New ID  
 Term : 25 Address : KARCHHANA GSTIN Number:  
 Pm Term : 16 ALLAHABAD U.P. pin : 212301 PA Code : R / S : U  
 Sum Assd : 5000000 Mobile : 9450000000 PAN : DAVPS9155H Sub PA : F / S : F  
 E-mail : Aadhhar : XXXXXXXX0290 Empl Id. :  
 Passport : Age : 34 Relation : W Servicing Branch :  
 BOC : 11/12/2020 Nominee : REENU SINGH Age : 34 Relation : W Annuity Amt : Mode :  
 Annuity Opt : Life Cover Opt : Annuity Opt : Life Cover Opt :  
 VESTING DATE : 03/00/0000 V.Age : Vesting Date : 03/00/0000 V.Age : Defer.Term : 00  
 KYC Id: Aadhaar Card/e-Aadhaar KYC Resi: Aadhaar Card/e-Aadhaar

DOB-LA : 16/06/1985 Age (1) : 34 S M I : 00.0 S M I - 2 : 00.0 Prev/Reconk : NEFT Details  
 DOB-II : 06/00/0000 Age (2) : 00 Height(1): Std.Min.Wt. : .00 IFSC Code :  
 DOB-Propst : 00/00/0000 Mean Age: 00 Weight(1): Std.Max.Wt. : .00 Bank A/C Type:  
 Mode : Yearly Proposer Age: Height(2): Std.Min.Wt-2: .00 A/C No. :  
 No of Insts : 1 Dependent Ag: Weight(2): Std.Max.Wt-2: .00 Settlement Option : Not Coted  
 Consumes Tobacco: LA: Prop: NEFT Details

DAB : Title Code : 1 No of Oth Proposals : 00  
 DAB Rate : 1.00 Total Sum Proposed :  
 DAB SA : 5000000

Sex : Male Female Dis:  
 Earning Cd: Self Employed  
 Income p/a: 600,000/-  
 Income 2lf: .000/-  
 Bill Type : 1 Resident  
 Occu Code : 00 Occu Disc : Non Hazardous  
 Age Proof Cd : L :  
 Age Prf Extra: 0.00  
 O.A.B.Amount : 5500.00  
 Occup. Extra : 0.00  
 Onetime Extra: 0.00  
 Forms Read. :  
 Suggestive Underwriting

BOC No.	Date	Amt. Alloted	Name as on BOC	Amt.as on BOC
		.00		
		229030.00		
		47.20		
Tot. Required = Inst. Premium + Goods and Service Tax + DBI				
		233336 =	229030 +	19305 + 0 + 0

Plan Specific Conditions :  
 Premium Waiver Benefit Taken - No  
 PWB Premium : .00  
 ULIP Plan Particulars :

Total Deposit	TASA	PWB SUC
.00	5000000	
Premium Amount: 229030.00	SUC : 5000000	0
Tabular Rate : 47.20	Sgl. Prm. SUC :	0
Adcl. Premium : Adcl. Investmt: Fund - type :		

- Age Admitted : Yes / No :  
 Age at Maturity : 059 Decline Serial Nos :  
 Decline Cases File Checked & Correctness of Proposer Verified  
 Acceptance Decision & Policy Clauses  
 Clauses Recommended: .  
 Accept P-T:  
 At:  
 Checked By : Signature of The Underwriter  
 Date : Date :
- Medical Examiners code not found LA
  - DMR report required LA
    - Invalid Tobacco consumption answer...!!! LA
  - Cannot Underwrite at Branch. Refer to DO/ZO/CO LA
    - Benefit Illustration Parameters Mismatch.Check Ben Id! LA
  - Height not proper LA
    - Bank Dtls Account Type Invalid! Click NEXT to proceed LA
  - Weight not proper LA
    - Bank Dtls Account No. Invalid! Click NEXT to proceed LA
  - Call for deformity questionnaire LA
    - Bank Dtls IFSC Code Not Valid! Click NEXT to proceed LA
  - Special Reports how green channel LA
    - Height less than Permitted Minimum. Send to ZUS. LA



संघीय प्रजासत्ताक भारत सरकार  
**विद्युत वि. वि. वि.**  
 Ministry of Electricity, Government of India

संघीय विद्युत प्रजासत्ताक भारत सरकार

कार्यालय प्रजासत्ताक संघ, प्रजासत्ताक संघ, भारत  
 S.O. Meenu Pratap Singh, Kanchi - 612004  
 उद्योग विभाग - 212004  
 संघीय विद्युत प्रजासत्ताक संघ, प्रजासत्ताक संघ, भारत

**8731 4353 0290**



- आपका पता सही है, अन्यथा सही पता दें।
- आपका पता सही है, अन्यथा सही पता दें।
- आपका पता सही है, अन्यथा सही पता दें।

- आपका पता सही है, अन्यथा सही पता दें।
- आपका पता सही है, अन्यथा सही पता दें।
- आपका पता सही है, अन्यथा सही पता दें।

संघीय विद्युत प्रजासत्ताक संघ

8731 4353 0290

- आपका पता सही है, अन्यथा सही पता दें।
- आपका पता सही है, अन्यथा सही पता दें।
- आपका पता सही है, अन्यथा सही पता दें।

संघीय विद्युत प्रजासत्ताक संघ

8731 4353 0290



संघीय विद्युत प्रजासत्ताक संघ  
 Kanchendra Pratap Singh  
 संघीय विद्युत प्रजासत्ताक संघ, प्रजासत्ताक संघ, भारत  
 8731 4353 0290



8731 4353 0290

8731 4353 0290

मेना अध्याय, मेरी प्रशासन

*Handwritten signature*

*Handwritten text:*  
 Kanchendra Kumar  
 M.B.S  
 Reg. No-75179

SIKARINAR SCANNING CENTER