Medical Certificate (to be completed by attending Doctor)	
This is to certify that Mr/Mrs/Miss/Ms:	
is suffering from:	
and will be unfit to resume work until:	
Disablement from attending to usual business or occupation commenced on:	
Total disablement occurs when the Insured is wholly prevented from attending to his/her business or occupation whereas partial disablement shall mean disablement from a substantial part of the Insured person's usual occupation. If a date of return to work can be given, please complete the following:	
Temporary total disablement: from to	
Temporary partial disablement: from to	
Is surgical intervention necessary or likely to be so? Yes No	
Is claimant confined to bed or house? On the basis of your existing knowledge and without undertaking any further examinations, is it your opinion that the disablement indicated above is solely attributable to the specified injury sustained? If not, please state below any contributing factors and the extent to which disablement is or has been thereby affected:	
Signature:	Qualification:
Official Stamp	Date:
	Note for Doctors:

Notes for Policyholders: Any fee for the medical certificate is payable by the claimant. Further medical certificates are required at regular intervals during periods of disablement. Interim payments of benefits are normally made on request subject to satisfactory medical evidence. The claimant may be required to submit to medical examination on behalf of and at the expense of IPB Insurance in connection with any claim.

The Claims Department

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