



**DECEASED INFORMATION  
DEATH CLAIM**

**IMPORTANT: Please read carefully the instructions at the back of this form.**

Deceased's name in full:	Age at Death:
--------------------------	---------------

1.	If deceased was a married female, state maiden name			
2.	Residence at death			
3.	Occupation at death			
4.	On what date did the deceased last attend to his usual work	Date:		
5.	Date and Place of Death	Date:	Place:	
6.	Date and Place of Birth	Date:	Place:	
7.	Source from which date of birth was obtained			
8.	Nature of Death	<input type="checkbox"/> Sickness	<input type="checkbox"/> Accident	
9.	Cause/s of Death			

**Please complete this section if death is due to SICKNESS**

10.	(a) When did the deceased first complain or give indication of his illness?	Date:		
	(b) When did the deceased first consult a physician for his illness?	Date:		
11.	Names and addresses of all physicians or hospitals who/where the deceased was previously attended or treated:			
	Name	Address	Dates Attended	Disease or Condition

**Please complete this section if death is due to ACCIDENT**

12.	(a) Is deceased's body recovered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	(b) Is deceased's face or body recognizable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	(c) Please give the name and address of a witness to the accident	Name:			
		Address:			
13.	(d) If deceased was a passenger of a ship or aircraft, was he/she listed in the passenger manifest?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
		If answer is yes, a copy of the passenger manifest must be submitted together with the claim documents.			
13.	With what other insurance companies, and for what amounts, was the deceased insured?				
	Company Name	Effective Date	Amount of Insurance		

**This form is accomplished by**

14.	Beneficiary-Claimant Name in print	Beneficiary-Claimant Signature
	Date of signing	Place of signing



Please provide the following required proofs of death:

1. **DECEASED INFORMATION - DEATH CLAIM**

- a. Only one form is to be accomplished by the beneficiary who has knowledge or information regarding the deceased and the circumstances of death.
- b. Each question must be answered truthfully and completely by writing in PRINT the needed information. Use a separate sheet if necessary.
- c. When there was an official inquiry as to the cause of death, a duly certified copy of the findings, or verdict, must be submitted.
- d. When death occurred outside the Philippines, a duly certified statement from a diplomat or consulate representative of the Philippines must be submitted.

2. **CLAIMANT STATEMENT - DEATH CLAIM**

- a. This form must be accomplished by the beneficiary to whom the insurance proceeds are payable. If there are more than one beneficiary, a separate form must be accomplished by each.
- b. When the named beneficiary is of legal age at the time of this claim, the form must be accomplished by such beneficiary.
- c. When the named beneficiary is a minor at the time of this claim, the form must be accomplished by his/her legal or judicial guardian.
- d. When the minor beneficiary's share is not more than P50,000.00, an Affidavit of Legal Guardianship must be submitted.
- e. When the minor beneficiary's share exceeds P50,000.00, a court-issued Judicial Bond must be submitted, in accordance with Article 225 of the Family Code of the Philippines.
- f. When the policy is assigned, the form must be accomplished by the assignee. If it is a collateral assignment, a statement showing the consideration for the same and present amount of indebtedness of the deceased under said assignment should be submitted. The original deed of assignment must be submitted.
- g. When the insurance proceeds are payable to the estate or executor or administrator of the deceased, the form must be accomplished by the executor or administrator, and a certificate of whose appointment and qualifications must be submitted.
- h. When any beneficiary is dead, a certified copy of the death certificate of such deceased beneficiary must be submitted.
- i. When the insurance proceeds, or any part of it, is payable to 'CHILDREN' or others of a class, a sworn statement must be submitted giving the names and dates of birth of each child. If any have died, the statement must give the date and place of death, and must also state whether they died unmarried, intestate, and without issue.
- j. This form must be properly dated and witnessed by two (2) competent persons of legal age.

3. **CERTIFICATE OF ATTENDING PHYSICIAN - DEATH CLAIM**

If applicable, this form must be accomplished by every physician who attended the deceased during his last illness. For this purpose, you may obtain as many copies of this form, as required, from any of our company's service offices.

The Company reserves the right to require or obtain further information should it deemed necessary.

The policy contract, unless already in the Company's possession, should be submitted together with the aforementioned proofs of claim and other necessary requirements.

Avoid expenses. It is not necessary to employ the services of a person, firm or corporation regarding this claim.

Write to: **POLICY BENEFITS ADMINISTRATION OFFICE, 2/F Philam Life Building, United Nations Avenue, Ermita, Manila.**

Or contact any of our service offices nearest your residence.

It is our duty to expedite action on this claim. We do not charge for this service. **These Company forms are not for sale.**