



CLAIMANT'S STATEMENT

DEATH CLAIM

IMPORTANT: Every question must be completely and distinctly answered to facilitate claims processing. Banc Life Insurance reserves the right to require further information should it be deemed necessary.

1.	Policy Number /s			
2.	Claimant's Full Name			
3.	Claimant's Date of Birth			
4.	Claimant's Address			
5.	Claimant's Contact Numbers			
6.	Claimant's relation to the deceased			
7.	Deceased's name in full: (If deceased was a married woman, state maiden name)	Age at Death:		
8.	Date and Place of Birth	Date:	Place:	
9.	Sources from which date and place of birth were obtained			
10.	Deceased's residence at death			
11.	Deceased's occupation at death			
12.	Date and Place of Death	Date:	Place:	
13.	Cause of Death			
14.	State any other facts regarding manner of death			
15.	(a) When did the deceased first complain or give indication of his / her illness / injury? Please provide details. (b) When did the deceased first consult a physician for his / her illness / injury? Please provide details.			
16.	Names and addresses of all physicians who attended the deceased during his last illness and / or hospitals or other institutions in which the deceased was confined or has received any treatment.			
	Name of Physician / Hospital / Institution	Address	Dates Attended	Disease / Injury
17.	Insurance Policies of the deceased.			
	Insurance Company	Policy Number	Effective Date	Insured Amount
18.	Do you guarantee that all statements and answers made by you in this questionnaire are true and that you have not concealed any material fact from the Insurance Company?			

Having been duly sworn, I/We hereby depose and say that the foregoing statements and answers to the above questions are true and full to the best of my/our knowledge and belief.

Dated at _____ this _____ day of _____, _____.

Signature over Printed Name of Witness

Signature over Printed Name of Claimant (1)

Address & Contact Number of Witness

Signature over Printed Name of Claimant (2)

SUBSCRIBED AND SWORN to me before this _____ day of _____, _____, by above claimant who exhibited to me his/her Residence Certificate/Passport/PRC/Driver's License No. _____ issued at _____ on _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

NOTARY PUBLIC

CERTIFICATE OF CLAIMANT'S AUTHORIZATION

This is to authorize PHILIPPINE LIFE FINANCIAL ASSURANCE CORPORATION and/or its duly authorized representatives to secure whatever information or records you may have regarding the illness/sickness/injury or such other records relative to the claim/s filed under the policy/ies issued by said company on the insured/deceased _____.

This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such records or information. A photographic copy of this authorization is valid as the original.

Date and Place of Signing

Signature over Printed Name of Claimant/s