



**CERTIFICATE OF CLAIMANT**

**GENERAL DATA OF DECEASED**

1. a. Full name of Insured (Please print) \_\_\_\_\_  
 b. If deceased was a married woman, state maiden name. \_\_\_\_\_
2. a. Date of birth \_\_\_\_\_ b. Place of birth \_\_\_\_\_  
 c. Source from which date of birth was obtained \_\_\_\_\_  
 (Family record or other record or certificate of birth should be referred to)
3. Residence at death \_\_\_\_\_
4. a. Place of death \_\_\_\_\_ b. Date of death \_\_\_\_\_  
 c. Cause of death \_\_\_\_\_ d. Age at death \_\_\_\_\_
5. a. Occupation at date of death \_\_\_\_\_

**INSURANCE POLICIES OF DECEASED**

Name of Company	Policy Number	Date Issued	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HEALTH HISTORY OF DECEASED**

1. Date deceased first complained or showed symptoms of last illness \_\_\_\_\_
2. Date deceased first consulted a physician for last illness \_\_\_\_\_
3. Names and addresses of all physicians who attended deceased during his last illness and during the three years immediately preceding it and/or hospitals or other institutions in which the deceased was confined or received treatment within the last three years:

Name of Physician/ Hospital/Institution	Address	Date of Attendance/ Confinement		Disease or Condition
		From	To	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**DATA OF BENEFICIARY-CLAIMANT**

1. a. In what capacity or by what title do you claim this insurance? (e.g. beneficiary, trustee, assignee) \_\_\_\_\_  
 b. What is your relation to the deceased? \_\_\_\_\_
2. Do you elect one of the optional modes of settlement in lieu of an immediate cash payment? \_\_\_\_\_  
 If so, which mode of settlement? \_\_\_\_\_ (not applicable if the claim does not involve a lump sum cash payment)
3. Please state your date of birth \_\_\_\_\_ (If a married minor or surviving spouse, please submit marriage certificate)

The undersigned hereby makes a claim to the insurance of the deceased in the Philippine American Life and General Insurance Company and agrees that the written statements and affidavits of all the physicians who attended or treated the deceased and all other papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishing of this form, or of any other forms supplemental hereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question, nor a waiver of any of its rights to defense.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_

Signature of Witness over printed name \_\_\_\_\_  
 Tel / Cellphone no. \_\_\_\_\_  
 Email : \_\_\_\_\_  
 Signature of Beneficiary over Printed Name \_\_\_\_\_  
 Address \_\_\_\_\_

**CERTIFICATE OF AUTHORIZATION**

Date \_\_\_\_\_

To:

This is to authorize THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY and/or its duly authorized representatives to secure whatever information or records you may have regarding the illness, sickness or injury for which the deceased, \_\_\_\_\_, was treated by you. This authorization is being made in connection with a claim on the insurance policy or policies issued by the insurance company on the life of the deceased.

It is understood that any action you may take in connection with this authorization releases you or any and all members of your staff from any responsibility or obligation in connection with the release of such records of information.

Signature of Witness over printed name \_\_\_\_\_ Please Furnish Copies of Patient's Records \_\_\_\_\_ Signature of Beneficiary - Claimant Print name and signature \_\_\_\_\_  
 Signature of Witness over printed name \_\_\_\_\_ Attending Physician Print name and signature \_\_\_\_\_ Residence Certificate No. \_\_\_\_\_ Issued at \_\_\_\_\_ Date issued \_\_\_\_\_

## INSTRUCTIONS

The following proofs of death are required:

### 1. CERTIFICATE OF CLAIMANT.

- a. This certificate must be accomplished by the beneficiary/beneficiaries to whom the insurance proceeds are payable. If there are more than one beneficiary, a separate certificate must be accomplished by each.
- b. If the insurance proceeds are payable to the estate or executor or administrator of the insured, the certificate must be accomplished by an executor or administrator, a certificate of whose appointment and qualifications must be submitted.
- c. If the insurance proceeds are payable to a named beneficiary of legal age, the certificate must be accomplished by such-beneficiary.
- d. If the insurance proceeds are payable to a minor, the certificate must be accomplished by his/her legal or judicial guardian, an official certificate of whose appointment and qualifications must be submitted.
- e. If the policy is assigned, the certificate must be accomplished by the assignee. If a collateral assignment, a statement showing the consideration for same and present amount of the indebtedness of the deceased under said assignment should also be submitted. The original deed of assignment must be submitted.

If any beneficiary is dead, a certified copy of the death certificate of such beneficiary must be submitted.

If 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 name and date 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.

If there was an official inquiry as to the cause of death, a duly certified copy of the verdict or findings must be submitted.

### 2. CERTIFICATE OF ATTENDING PHYSICIAN

This certificate must be accomplished by every physician who attended the deceased during his last illness. For this purpose, the Company will furnish as many copies of this form as are required.

### 3. CERTIFICATE OF IDENTIFYING WITNESS

This certificate must be accomplished by a person of legal age, intimately acquainted with, but not related to, the deceased, who has seen the remains and has no interest in the policy proceeds.

All the foregoing certificates must be properly dated and witnessed by a competent person of legal age. If death occurred outside the Philippines, a statement from a diplomat or consulate representative of the Philippines duly certified should also be submitted.

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

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

(Avoid expense: It is not necessary to employ the services of a person, firm or corporation regarding this claim. Write to: Claims Department, 2<sup>nd</sup> Floor, Philamlife Building, United Nations Ave., Ermita, Manila; or contact our provincial office nearest your residence. It is our duty to expedite action on this claim. We do not charge for this service.)