

**CERTIFICATE OF IDENTIFYING WITNESS**

Submitted to



**THE PHILIPPINE AMERICAN LIFE AND GENERAL INSURANCE COMPANY**

*Manila, Philippines*

This certificate must be executed by a responsible person who (a) is of legal age; (b) was acquainted with the deceased; (c) is not a relative of the deceased; (d) is not an interested party to the claim and (e) has personal knowledge of the facts of the deceased's death.

I, \_\_\_\_\_ a resident of \_\_\_\_\_  
(Print name)

HEREBY CERTIFY that my answers to the following questions are true and correct to the best of my knowledge and belief:

1. What is the full name of the deceased? (Print) \_\_\_\_\_
2. How long had you known the deceased? \_\_\_\_\_
3. What is the date of birth of the deceased? \_\_\_\_\_
4. Where did the deceased reside during your acquaintance? \_\_\_\_\_
5. What occupation (s) had the deceased during the last five (5) years prior to death? \_\_\_\_\_
6. What was the cause of the deceased's death? \_\_\_\_\_
7. When did the deceased die? \_\_\_\_\_
8. Did you see the body of the deceased after his death? \_\_\_\_\_
9. When was the deceased buried? \_\_\_\_\_
10. Where was the deceased buried? \_\_\_\_\_
11. What is your age? \_\_\_\_\_
12. What is your occupation? \_\_\_\_\_
13. Are you, in any way, related to the deceased? \_\_\_\_\_
14. Do you have directly or indirectly, any interest in the proceeds of any insurance on the life of the deceased? \_\_\_\_\_
15. How long have you been at your present address? \_\_\_\_\_

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

WITNESS TO SIGNATURE  
OF IDENTIFYING WITNESS

\_\_\_\_\_  
Signature of the Identifying Witness

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name in print)