MANILA BANKERS LIFE AND GENERAL ASSURANCE CORP

The best way to show your Love

DEATH CLAIM FORM I

CERTIFICATE OF CLAIMANT

(Before filing out this form, read instructions at the back of this sheet. Every question must be distinctly and fully answered)

I, POLICYHOLDER: Master Policy Number: Certificate of Confirmation Number:

GENERAL DATA OF DECEASED

1. a. Full name of Insured (Please print) _____ b. SSS Number _____
   c. Insured's Civil Status _____ d. If Insured 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 of date of death _____ b. Date Insured last attended his usual work _____

OTHER INSURANCE POLICIES OF DECEASED

Name of Company	Policy Number	Date Issued	Amount

HEALTH HISTORY OF DECEASED

1. Date deceased-insured first complained or showed symptoms of last illness. _____
2. Date deceased-insured first consulted a physician for last illness _____
3. a. Was death due to accident, homicide or accident? _____ If so, which _____
   b. Describe fully the particulars as to the place it occurred and how it occurred _____
4. Has the deceased-insured suffered from [ ] hypertension, [ ] diabetes mellitus, [ ] heart disease, [ ] stroke, [ ] lung disease, [ ] kidney disease, [ ] cancer, [ ] HIV/AIDS, [ ] others _____
   a. Date diagnosed _____
   b. What were the treatments given?
   Surgery _____ Date performed _____
   Therapy _____ Date started _____
   Medications _____ Date started _____

(**Please submit medical records to support statement above**)

5. How long before death was the deceased confined to house or prevented from attending to business? _____
6. Was deceased-insured bedridden? _____ Since when? _____
7. Name and addresses of all physicians who attended the insured-deceased during the last five 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

DATA OF BENEFICIARY-CLAIMANT

1. a. In what capacity, or by what title do you claim this insurance?_____

   b. What is your relation to the deceased? _____c. Please state your date of birth _____
   (Submit proof of relationship)

The undersigned hereby makes claim to the insurance of the deceased in MANILA BANKERS LIFE AND GENERAL ASSURANCE CORPORATION 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 part of these Proofs of Death, and further agrees that furnishing of this form, or of any other forms supplemental hereto by said Corporation 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.

Signed at _____this _____day of _____, 20_____

_____ _____
Signature over printed name of Witness Signature over printed name of Beneficiary-Claimant

_____
Address of Beneficiary-Claimant

_____
Contact No.

CERTIFICATE OF AUTHORIZATION

This authorizes the MANILA BANKERS LIFE AND GENERAL ASSURANCE CORPORATION and/or its authorized representative to secure whatever information or clinical/hospital you may have records relative to the illness, sickness or injury for which the deceased, _____, was treated by you. This authorization is being made in connection with the claim on the COC/Policy of Insurance 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 record or information. I agree that a photocopy of this authorization shall be considered as effective and valid as the original.

Date and signed at _____on _____

_____ _____
Signature over printed name of Witness Signature over printed name of Beneficiary-Claimant

INSTRUCTIONS TO CLAIMANT

To expedite the processing of claim, all questions must be answered, write"n/a" for questions not applicable

1. This certificate must be accomplished by the beneficiary/beneficiaries to whom the insurance proceeds are payable. If there is more than one beneficiary, a separate Certificate of Claimant must be accomplished by each.
2. If the insurance proceeds are payable to the estate or executor or administrator of the insured, the Certificate of Claimant must be accomplished by the executor or administrator, a certificate of appointment and qualifications must likewise be submitted.
3. If the insurance proceed are payable to the named beneficiary of legal age, the Certificate of Claimant mush be accomplished by such beneficiary.
4. If the insurance proceeds are payable to the minor, the certificate must be accomplished by his/her legal or judicial guardian, an official appointment and qualification must be submitted.
5. If the Certificate of Insurance was assigned, this Certificate of Claimant must be accomplished by the assignee, if a collateral assignment, a statement showing the consideration for the same and present amount of indebtedness of the deceased under said assignment should also be submitted. The original Deed of Assignment must be submitted.

   If any beneficiary is already deceased, a certified copy of the death certificate by Philippines Statistic Authority (PSA) of such beneficiary must be submitted.

   If the insurance proceeds or any part that are payable to the "children" or others of the class, a sworn statement must be submitted giving the name and date f 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 is an official inquiry as to the cause of death, a duly certified copy of the verdictor findings must be submitted.