



CREDITOR-CLAIMANT'S STATEMENT

CREDITOR:	MASTER POLICY NO.:
NAME OF INSURED:	CERTIFICATE NO.:

(Every question must be distinctly and fully answered)

1. Full Name of the Deceased: _____

2. Date of Birth: _____ Place of Birth: _____

3. Residence at Death: _____

4. [a] Date of Death: _____ [b] Cause of Death: _____

[c] Age at Death: _____ [d] Place of Death: _____

5. Occupation at Date of Death: _____

6. Names and address of all physicians who attended to the deceased during his/her last illness.

Name: _____	Address: _____
Name: _____	Address: _____

7. AMOUNT OF UNPAID BALANCE OF INDEBTEDNESS WITH THE CREDITOR AT THE TIME OF DEATH

P _____

The undersigned hereby makes claim to the insurance of the deceased with Etiqa Life & General Assurance Corp and agrees that the written statements and affidavits of all the physicians who attended to or treated the deceased and all papers called for by the instructions hereon, shall constitute and they are hereby made a supplemental hereto, by ETIQA LIFE & GENERAL ASSURANCE CORP. shall not constitute nor considered admissions by it that there was any insurance enforce on the life in question, or a waiver of any its rights to defense.

Dated at _____ this _____ day of _____, 19 _____.

AUTHORIZED OFFICER OF THE CREDITOR

CERTIFICATE OF AUTHORIZATION

(to be accomplished and signed by the nearest kin of the deceased)

TO WHOM IT MAY CONCERN

This is to authorize the Etiqa Life & General Assurance Corporation or its authorized representative to secure whatever information or records you have regarding the illness or injury for which the deceased _____ has been treated or examined. This authorization is being made in connection with any claim on the insurance Certificate/Policy issued by Etiqa Life & General Assurance Corp.

This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.

Signed at _____ this _____ day of _____, 20 _____.

PRINTED NAME OVER SIGNATURE OF WITNESS

PRINTED NAME OVER SIGNATURE OF CLAIMANT
RELATION TO THE DECEASED _____

IMPORTANT NOTICE

"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both at the discretion of the court to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

Etiqa Life and General Assurance Philippines, Inc.
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Legazpi Village, Makati City 1229
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