



IDENTIFYING WITNESS' STATEMENT

This Statement must be executed by a competent person who (a) is of legal age, (b) has personal knowledge of the facts of the deceased's death; and (c) is not an interested party to the claim.

I, _____, a resident of _____

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

1. Full Name of the Deceased: _____
2. Date of Birth of the Deceased: _____
3. Residence of the deceased during your acquaintance: _____
4. Name of Employer/Union/Association and address: _____
5. Occupation(s) of the deceased during the last five (5) years prior to death: _____
6. Date of Death: _____ Place of Death: _____
7. Cause of Death: _____
8. Did you view the body of the deceased after death? _____
9. Date of Interment: _____ Place of Interment: _____
10. How long have you known the deceased? _____
11. Do you know the deceased to be the person insured in the Certificate/Policy of Insurance? _____
12. What is your age? _____ What is your occupation? _____
13. How long have you resided at your present address? _____
14. Are you, in any way, related to the deceased? _____
15. Do you have, directly or indirectly any interest in the proceeds of any insurance on the life of the deceased? _____

Dated _____ this _____ day of _____, _____.

WITNESSED BY:

Signature over Printed Name

Signature of Identifying

Address

Address

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 subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."

Form No. GID-118

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