



POLICYHOLDER'S STATEMENT

POLICYHOLDER:		MASTER POLICY NUMBER :	
NAME OF INSURED:		CERTIFICATE NUMBER :	
BEFORE FILLING UP THIS FORM, READ INSTRUCTIONS AT THE BOTTOM HEREOF, EVERY QUESTION MUST BE DISTINCTLY AND FULLY ANSWERED.			
1. Full Name of Deceased :			
2. (a) Date of Birth :		(b) Place of Birth :	
3. (a) Amount of Insurance :		(b) Effective Date :	
4. (a) Date of Death :		(b) Place of Death :	
(c) Age at Death :		(d) Cause of Death :	
(e) Date of Interment :		(f) Place of Interment :	
5. (a) Occupation before Death :		(b) Date Employed :	
(c) Date Employment was terminated :			
(d) Date on which deceased last worked full time :			
6. TO BE ANSWERED IF POLICYHOLDER IS AN ASSOCIATION, UNION, TRUSTEE, CLUB., ETC.			
(a) Date of Membership of the deceased :			
(b) Was deceased in good standing at the time of death?			
(c) Date Membership of deceased was terminated :			
7. Date deceased first complained or showed symptoms of last illness :			
8. Date deceased first consulted a physician for last illness:			
9. (a) Was death due to // Suicide // Homicide // Occupational Accident ?			
(b) Describe fully the particulars as to the place it occurred and how it occurred : _____			
10. Names and addresses of all physicians who attended the deceased during last illness and within the last three years before the last illness preceding it and / or hospitals or other institution in which the deceased was confined or received treatment within the last three years.			
<u>Name of Physician/ Hospital/Institution</u>	<u>Address</u>	<u>Date of Attendance</u>	<u>Disease or Condition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<u>NAME OF BENEFICIARIES</u>	<u>RELATIONSHIP</u>	<u>ADDRESS</u>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
12. Do you recommend payment of this claim? _____			
13. Remarks : _____			
Dated at _____ this _____ day of _____ 19_____.			
WITNESSED BY :			
_____		_____	
SIGNATURE OVER PRINTED NAME		SIGNATURE OVER PRINTED NAME	
Position/Title			

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**