

DEATH CLAIM FORM



- We understand that this claim is important to you. In order for us to process this, please:
- (1) **COMPLETE THIS FORM**
 - (2) **PREPARE THE REQUIRED DOCUMENTS**
 - (3) **SUBMIT THE COMPLETED FORM AND REQUIRED DOCUMENTS TO YOUR AGENT OR AIA PHILIPPINES BRANCH** (Kindly check AIA Philippines website for other channels of submission)

Being prepared might reduce some of the confusion and could help speed up the process. We want your claim experience to be a positive one. To ease your claim procedures, use this checklist to identify the relevant documents required to be submitted.

ADDITIONAL DOCUMENTS MAY BE REQUIRED IF THE CLAIM FALLS WITHIN THE TWO-YEAR CONTESTABILITY PERIOD OF THE POLICY.

MANDATORY REQUIREMENTS

- ☐ **DEATH CLAIM FORM** - One for each claimant
- ☐ **VALID ID WITH SPECIMEN SIGNATURE** - if dollar policy, 2 valid IDs with 3 specimen signatures
- ☐ **DEATH CERTIFICATE** (Philippine Statistics Authority [PSA] or Civil Registered copy); If death occurred abroad, death certificate must be authenticated by Philippine embassy/consulate, or apostilled, as appropriate, in the place of death

CONDITIONAL MANDATORY REQUIREMENTS

- ☐ If the Beneficiary is the spouse **MARRIAGE CERTIFICATE**
- ☐ If the Beneficiary is the child of the Insured **BIRTH CERTIFICATE OF THE CHILD**
- ☐ If the share of the minor beneficiary is **less** than or equal to 500,000.00 **AFFIDAVIT OF LEGAL GUARDIANSHIP**
- ☐ If the share of the minor beneficiary is **greater** than Php 500,000 **COURT AUTHORITY OR JUDICIAL BOND**
- ☐ If there are discrepancies in the names of the Insured or beneficiary/ies **JOINT-AFFIDAVIT OF TWO DISINTERESTED PERSONS**
- ☐ If cause of death is due to Accident **POLICE INVESTIGATION REPORT**
- ☐ If any beneficiary/ies pre-deceased the Insured **DEATH CERTIFICATE OF DECEASED BENEFICIARY/IES**
- ☐ If any beneficiary/ies post-deceased the Insured **DEEDS OF ESTATE SETTLEMENT**
- ☐ For contestable policies **ATTENDING PHYSICIAN STATEMENT AND MEDICAL ABSTRACT**
- ☐ If group employee benefits **ASSURED STATEMENT**
- ☐ If group credit life **LOAN LEDGER**
- ☐ If Pinoy Assist **FLIGHT DETAILS, PASSPORT AND OFFICIAL RECEIPT FOR PREMIUM PAYMENT**

WARNING: FILING OF FRAUDULENT CLAIM IS PENALIZED BY LAW

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.

TRACKING YOUR CLAIM STATUS

ONCE YOUR CLAIM IS REGISTERED, YOU WILL BE UPDATED THROUGH SMS. IF YOU HAVE ANY QUERY ON YOUR CLAIM, PLEASE REACH US AT:



TALK TO US NOW
+632 8528-2000



EMAIL US NOW
customerservice.ph@aia.com



AIA PHILIPPINES HEAD OFFICE
23rd Floor, AIA Tower, 8767 Paseo de Roxas, Makati City 1226 Metro Manila, Philippines

DEATH CLAIM FORM



DATE (MM/DD/YYYY)

INDICATE POLICY NUMBERS WHERE THIS CLAIM MAY ALSO BE APPLICABLE:

This form is to be filled by the claimant. **PLEASE DO NOT SIGN ON A BLANK FORM.** No fees, commission or charges of whatever nature are payable to Agents or Employees of the Company in respect of this claim.

POLICY NUMBER:

CERTIFICATE NUMBER
(APPLICABLE FOR GROUP CLAIMS ONLY)

COMPANY NAME

DECEASED'S INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

DATE OF BIRTH (MM/DD/YYYY) PLACE OF BIRTH

CLAIMANT'S INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

CLAIMANT'S MAIDEN NAME IF MARRIED

SEX ☐ Male ☐ Female GENDER ☐ Male ☐ Female TAX IDENTIFICATION NO. (TIN)
(defined as gender at the TIME OF BIRTH) (defined as gender at the TIME OF CLAIMS APPLICATION)
DATE OF BIRTH (MM/DD/YYYY) PLACE OF BIRTH NATIONALITY
RELATIONSHIP TO THE DECEASED MOBILE NUMBER
OCCUPATION AND NAME OF EMPLOYER
(if self employed, the nature of the self employment/business activity)

Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grandparent, grandchild) a former / current government official or is holding a former / current position in a local / international public organization? ☐ Yes ☐ No

Are you or any of your relatives (spouse, partner, parent, child, spouse or partner of child, siblings, grand parent, grandchild) closely associated with a former or current government official or with an individual holding a former / current position in a local / international public organization? ☐ Yes ☐ No

CLAIMANT'S ADDRESS (Floor/No., Bldg./Street, Subdivision/Village, Barangay/District, Town/City, Province/State, Country, Zip Code)

CITIZENSHIP COUNTRY OF RESIDENCE
EMAIL ADDRESS ID Type and ID Number

- **IF PLACE OF BIRTH IS THE US**, please submit **W-9**.
- **IF ADDRESS IS IN THE US**, please submit **W8 BEN**.
- **IF TO BE CREDITED TO A US BANK ACCOUNT**, please submit **W8 BEN**.

Accordingly, the Company processes, using any medium, any information pertaining to this application or insurance policy and all submitted documents, to provide our insurance and investment products and services. The information and documents are also disclosed to the Company's affiliations (including but not limited to any of its subsidiaries/affiliates in the Asia Pacific Region), its Brokers, Agents, and their employees and staff and to accredited/affiliated third parties or independent/non-affiliated third parties, whether local or foreign. The Company will upload your medical information to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once uploaded, all life insurance companies will only have limited access to the said medical information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at www.insurance.gov.ph.

DECLARATIONS AND AUTHORIZATIONS

Your information and documents are retained by the Company (a) from execution until seven (7) years after termination of your policy, for hard documents in paper form, and (b) from execution until ten (10) years after termination of your policy, for documents in electronic form; but in no case shorter than may be required by appropriate orders and regulations. Your information will be deleted/destroyed after this period.

The Company will use such information in the insurance policy and all related documents to conduct automated processing, data analytics, profiling, historical research (a) to improve the Company's internal systems and processes, (b) for actuarial assumptions, (c) in internal and external company reports, and (d) to develop and implement business strategies.

DATA PRIVACY CONSENT

- ☐ I/we agree for the Company to use the information in the insurance policy and all related documents in the design and communication of the Company's marketing campaigns and offers in order to improve the quality of service the Company provides, and to receive such marketing campaigns. I/we agree to share the information in the insurance policy with third parties for marketing campaigns.
- ☐ I/we agree for the Company to use such information for profiling to develop, enhance and offer me/us financial services and products that the Company considers as suitable for my/our insurance and other financial needs.

I/we may at anytime withdraw our consent by calling AIA Philippines' contact center, or by emailing the request to dpo@aia.com. Upon receipt of such withdrawal of consent, the Company will no longer approach me/us for promotions or products that may be suited to my/our insurance needs. I/We am/are assured that this will not affect the Company's ability to provide quality service in relation to my/our existing policies. Please visit the Company's website, www.aia.com.ph for our Privacy Statement, which provides further details on why your personal data is collected, how it is intended to be used, to whom your personal data may be transferred to, how to access, review and amend your personal data, and our policies on direct marketing.

4. I hereby acknowledge and warrant that I have acquired the consent of all parties pertinent to this transaction to disclose their information for the proper administration and provision of services requested from this transaction. I hereby hold free and harmless and undertake to indemnify the Company for any complaint, suit or damages and the like which any party may file or claim against the Company in relation to this Acknowledgement and warranty.
5. I hereby authorize AIA Philippines or any of its authorized representative to secure whatever information or records from any employer, physician, hospital or clinic, other medically related facility, and any organization or persons who have records and/or knowledge with regards to the illness, sickness or injury of the Insured as described in this Claim Statement Form. This authorization is in connection with my claim on the insurance policy (ies) issued by the Company on the life of the insured. I understand that failure to release such employment or medical records may delay the processing and/or deny my claim for insurance proceeds.

CLAIMANT'S NAME IN FULL

(Last Name, First Name, Middle Name)

CLAIMANT'S SIGNATURE

/ /

DATE SIGNED (MM/DD/YYYY)

PLACE SIGNED

A Privacy Addendum under Personal Information Protection Law of the People's Republic of China is available at [Privacy Statement | AIA Philippines](#)
BPI AIA's Privacy Statement | BPI AIA (bpi-aia.com.ph)
The Privacy Addendum applies to you if you are within Mainland China.