

IMPORTANT: Please read carefully the instructions at the back of this form.

Deceased's name in full:	Age at Death:
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1.	If deceased was a married female, state maiden name		
2.	Residence at death		
3.	Occupation at death		
4.	On what date did the deceased last attend to his usual work	Date:	
5.	Date and Place of Death	Date:	Place:
6.	Date and Place of Birth	Date:	Place:
7.	Source from which date of birth was obtained		
8.	Nature of Death	☐ Sickness ☐ Accident	
9.	Cause/s of Death		

Please complete this section if death is due to SICKNESS

10.	(a) When did the deceased first complain or give indication of his illness?	Date:	
	(b) When did the deceased first consult a physician for his illness?	Date:	
11.	Names and addresses of all physicians or hospitals who/where the deceased was previously attended or treated:		
	Name	Address	Disease or Condition

Please complete this section if death is due to ACCIDENT

12.	(a) Is deceased's body recovered?	☐ Yes ☐ No	
	(b) Is deceased's face or body recognizable?	☐ Yes ☐ No	
	(c) Please give the name and address of a witness to the accident	Name:	
		Address:	
	(d) If deceased was a passenger of a ship or aircraft, was he/she listed in the passenger manifest?	☐ Yes ☐ No	
		If answer is yes, a copy of the passenger manifest must be submitted together with the claim documents.	
13.	With what other insurance companies, and for what amounts, was the deceased insured?		
	Company Name	Effective Date	Amount of Insurance

This form is accomplished by

14.	Beneficiary-Claimant Name in Print	Beneficiary-Claimant Signature	
	Date of signing	Place of signing	

Please provide the following required proofs of death:

1. DECEASED INFORMATION - DEATH CLAIM

- a. Only one form is to be accomplished by the beneficiary who has knowledge or information regarding the deceased and the circumstances of death.
- b. Each question must be answered truthfully and completely by writing in PRINT the needed information. Use a separate sheet if necessary.
- c. When there was an official inquiry as to the cause of death, a duly certified copy of the findings, or verdict, must be submitted.
- d. When death occurred outside the Philippines, a duly certified statement from a diplomat or consulate representative of the Philippines must be submitted.

2. CLAIMANT STATEMENT - DEATH CLAIM

- a. This form must be accomplished by the beneficiary to whom the insurance proceeds are payable. If there are more than one beneficiary, a separate form must be accomplished by each.
- b. When the named beneficiary is of legal age at the time of this claim, the form must be accomplished by such beneficiary.
- c. When the named beneficiary is a minor at the time of this claim, the form must be accomplished by his/her legal or judicial guardian.
- d. When the minor beneficiary's share is not more than P500,000.00, an Affidavit of Legal Guardianship must be submitted.
- e. When the minor beneficiary's share exceeds P500,000.00, a court-issued Judicial Bond must be submitted, in accordance with Article 225 of the Family Code of the Philippines.
- f. When the policy is assigned, the form must be accomplished by the assignee. If it is a collateral assignment, a statement showing the consideration for the same and present amount of indebtedness of the deceased under said assignment should be submitted. The original deed of assignment must be submitted.
- g. When the insurance proceeds are payable to the estate or executor or administrator of the deceased, the form must be accomplished by the executor or administrator, and a certificate of whose appointment and qualifications must be submitted.
- h. When any beneficiary is dead, a certified copy of the death certificate of such deceased beneficiary must be submitted.
- i. When the insurance proceeds, or any part of it, is payable to 'CHILDREN' or others of a class, a sworn statement must be submitted giving the names and dates of 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.
- j. This form must be properly dated and witnessed by two (2) competent persons of legal age.

3. CERTIFICATE OF ATTENDING PHYSICIAN - DEATH CLAIM

If applicable, this form must be accomplished by every physician who attended the deceased during his last illness. For this purpose, you may obtain as many copies of this form, as required, from any of our company's service offices.

The Company reserves the right to require or obtain further information should it deemed necessary.

The policy contract, unless already in the Company's possession, should be submitted together with the aforementioned proofs of claim and other necessary requirements.

Avoid expenses. It is not necessary to employ the services of a person, firm or corporation regarding this claim. It is our duty to expedite action on this claim and we do not charge for this service.

For any questions, you may reach us through the following channels:

Customer service hotline: (02) 528-2000

Email: philamlife@aia.com

Corporate Website: www.philamlife.com. Check out the customer service offices that is nearest your residence.

Mailing address: Claims Office, Philam Life Head Office, 16/F Net Lima Building, 5th Avenue corner 26th Street, Bonifacio Global City, Taguig 1634

These Company forms are not for sale.