The Insular Life Assurance Company, Ltd.
Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insular.com.ph I Website: www.insularlife.com.ph
Tel.: (632) 8-582-1818 I VAT REG. TIN 000-464-124-000

Claimant's Statement

To: The Insular Life Assurance Company, Ltd.

I hereby claim for benefit under the policy/ies of this Company, numbered as follows: _____.

A. Declaration:

All of the following answers and statements are true, complete & correct according to my personal knowledge & belief.

I understand that the furnishing of this form and other claim forms by the Company does not constitute an admission that there is any insurance in force.

INFORMATION ON THE CLAIMANT

1. Name of Claimant:

Surname | Given Name | Suffix (Sr./Jr./etc.)

Mother's Maiden Surname | Given Name

2. Present Address:

House No. | Street | Barangay | Town/Municipality

City/Province | Country | Zip Code

3. Residence Tel. No.:	4. Office Tel. No.:	5. Mobile No.:
6. Email Address:	7. Date & Place of Birth:	8. Nationality:

9. (a) Valid Identification Document Presented:
☐ BIR-TIN ☐ SSS ☐ GSIS ☐ UMID ☐ Others_____

(b) Identification Number: _____

10. BIR-TIN/SSS/GSIS NUMBER

_____

11. Source of Funds (select at least one):
☐ Business Income ☐ Family Income ☐ Income from Employment ☐ Savings ☐ Others _____

12. Details of Source of Funds (Name of business, employer, etc.):

13. Relationship to the Deceased Insured: ☐ Spouse ☐ Son ☐ Daughter ☐ Father ☐ Mother ☐ Others_____

14.(a) If you are filing this claim in behalf of minor beneficiary/ies, please provide the following:

Name of Minor	Birthdate	Relationship to Minor

(b) As father/mother of said minor/s, have you not been disqualified by a court of law from exercising the right to administer the property of such minor/s? ☐ Yes ☐ No

(c) Is /are the same minor/s under your actual custody and support? ☐ Yes ☐ No

INFORMATION ON THE DECEASED INSURED

1. Full Name of the Deceased:

Surname | Given Name | Suffix (Sr./Jr./etc.)

Mother's Maiden Surname | Given Name

2. Present Address of the Deceased:

House No. | Street | Barangay | Town/Municipality

City/Province | Country | Zip Code

3. Birthdate:	4. Birthplace:	5. Occupation:
6. Date of Death:	7. Cause of Death:	
8. Place of Death:	9. Date and Place of Interment:	
10. Date deceased first complained of last illness/Date of accident:	11. Give indications of illness/Details of Accident	

12. Names and addresses of all physicians who attended the deceased:

13. Names and addresses of all medical institutions or hospitals where deceased was confined:

14. If deceased was insured with other companies, please provide the following:

Name of Company	Policy No.	Amount of Insurance

(NOTE: *To help us in the evaluation of your claim, please use reverse side for answers requiring additional information and identify your answers with corresponding item numbers.*)

B. Data Privacy Statement

I understand that as a financial institution, Insular Life is subject to existing and future government regulations. I therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

In this connection, I authorize Insular Life to process my personal and sensitive personal information (also known as personally identifiable information or PII) including the collection, usage, storage, retention, and disclosure of my PII in the related processes and systems until its disposal. I likewise give my consent to Insular Life to share such information to its subsidiaries, affiliates, agents, medical information sharing facility of the insurance industry and third parties for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my PII may be required in fulfillment of mandated services across my entire life stages.

I/We also confirm that I/we have sought the consent of the insured and/or the beneficiary/ies in sharing his/her personal and sensitive personal information, as may be applicable.

I hold Insular Life free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

C. Authorization

In relation to the claims application for the illness, injury and/or death of the Policy Owner or Insured under this Policy, I hereby authorize The Insular Life Assurance Co., Ltd. ("Company") or its authorized representative to secure any information and/or record belonging to the Policy Owner or Insured, as the case may be, under this Policy pertaining to the following:

1. Financial, employment/business/livelihood;
2. Health, both physical and mental;
3. Lifestyle;
4. Court (criminal, civil or administrative) records;
5. Personal; or
6. Other circumstances

from any of his/her employers, business partners, co-employees, staff, consultants, physicians, or from any hospital, clinic, health maintenance organization, diagnostic center, laboratory or any similar medical facility, any private or government agency or institution, organization, insurance industry association or from any individual person that may have knowledge, access to or custody of any such information or record.

I likewise authorize the foregoing individuals or entities that have/had knowledge, access to or custody of any of the abovementioned information or record to disclose and release the same to Insular Life or its representative and further hereby discharge them from any responsibility, obligation or liability arising out of or in connection with such disclosure and release of the information or record.

Done at_____this_____day of_____, 20 _____.

_____ NAME AND SIGNATURE OF WITNESS

_____ NAME AND SIGNATURE OF CLAIMANT

_____ ADDRESS OF WITNESS

_____ CONTACT NO/S. OF CLAIMANT

SUBSCRIBED AND SWORN to before me_____, who exhibited to me his/her Govt. issued ID/Passport No._____, issued at_____, on_____.

Doc.No. _____
Page No. _____
Book No. _____
Series of 20 _____

Notary Public
My commission expires on

_____

WARNING: It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)