

This form must be completed by a qualified and registered physician. Costs, if any, shall be shouldered by the claimant.

1. PATIENT/INSURED'S DETAILS

- a. Name : _____

Last Name
First Name
Middle Name
- b. Address : _____
- c. Date of Birth : _____ Place of Birth : _____ Age: _____ Status: _____
- d. Date of Death : _____ Place of Death : _____
- e. Cause of Death : _____
- f. Have you attended the insured prior to his/her death? _____ If Yes, please indicate the following:
 - f.1 Date of first consultation _____
 - f.2 Initial signs and symptoms noticed by the insured _____
 - f.3 Diagnosis _____
 - f.4 Duration of the disease or illness and inclusive date(s) of treatment _____
- g. Did you personally inform the insured of your findings and diagnosis, if so, when? _____
- h. Please give details of the insured's other previous health condition which you attended prior to last illness, if any:

Date of Attendance	Diagnosis	Treatment/Procedures

- i. How long before death was the insured confined to a medical facility or house, or prevented from attending to business or occupation? _____ How long was the insured bedridden? _____
- j. Are you aware of any other consultation or confinement of the insured for any illness or injury? If you are, please provide information below:

Date of Attendance	Name of Physician	Medical Institution and Address	Diagnosis/Treatment/Procedure

- k. Did you personally see the remains of the insured? _____ Was autopsy performed? _____

Please enclose copies of medical reports together with any test results or similar evidence in your possession to support the validity of the claim.

I hereby certify that the above statements are true, correct and complete to the best of my knowledge and according to records in my possession, if any.

Executed at _____ this _____ day of _____ 20_____.

Signature Over Printed Name
of Physician

Specialty

Address

Contact Number (s)

PRC Number

PTR Number

SUBSCRIBED AND SWORN to before me by Dr. _____ at
_____. Affiant exhibited to me by his/her ID No. _____ issued at
_____ on _____, valid until _____.

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