

Date _____

Mr. / Ms. _____**Subject:** **Life Insured :** _____**Policy Number :** _____**Dear Mr. / Ms.**

We acknowledge receipt of your notice of claim for Accident Benefit.

Please be informed that your claim will be processed promptly upon submission of the following claim requirements to our Company:

- 1. Duly accomplished Claimant's Statement - Accident Claim (form attached);
- 2. Duly accomplished Attending Physician's Statement - Accident Claim (form attached);
- 3. Statement of Identifying Witness, if applicable;
- 4. Police or NBI Report;
- 5. Medical Abstract / Admitting History;
- 6. Operation Room Record, if applicable; and
- 7. Valid Government Identification Document (IDs).

Please note that additional documents may be required for submission when necessary to process the claim. Any documents that originate outside the Philippines must be authenticated by the Philippine Consular Office in the country/state of issuance.

This checklist and claim form/s provided to you shall not, in any way, constitute an admission on the part of BDO Life Assurance Company, Inc. of any liability for payment of any benefits provided for in the policy contract. BDO Life Assurance Company, Inc. will evaluate the claim and inform you of the resulting decision accordingly.

Should you have any concerns or queries, please call our Claims Department at 88854100 local 45019, 45180 or 46015, or email us at claims@bdolife.com.ph.

Thank you.

Very truly yours,
BDO Life Assurance Company, Inc.

Authorized Signatory