

Date _____

Mr. / Ms. _____

Subject: Life Insured : _____

Policy Number : _____

Dear Mr. / Ms.

We acknowledge receipt of your notice of claim for Hospital Income Benefit.

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

- 1. Duly accomplished Claimant's Statement - Hospital Income Benefit Claim (form attached);
- 2. Duly accomplished Attending Physician's Statement - Hospital Income Benefit Claim (form attached);
- 3. Medical Abstract / Admitting History;
- 4. Operation Room Records, if applicable;
- 5. Copy of Hospital Billing Statement; and
- 6. Valid Government Identification Document (IDs).

For accident related Hospitalization:

- 7. Police or NBI Report, if applicable; and
- 8. Statement of Identifying Witness, if applicable.

Please note that additional documents may still be required 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 which had been 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.

Very truly yours,

BDO Life Assurance Company, Inc.

Authorized Signatory