BDO life®

Claimant's Statement - Death Claim
(Insured's Information)

This form should be accomplished by any one of the designated beneficiaries

Policy Number/s: _____

LIFE INSURED INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME

ADDRESS (NO. AND STREET, VILLAGE/BARANGAY, CITY, PROVINCE, ZIP CODE)	NATIONALITY

AGE	DATE OF BIRTH (DD/MM/YYYY)	PLACE OF BIRTH	CIVIL STATUS	SEX
			☐ SINGLE ☐ MARRIED ☐ ANNULED ☐ SEPARATED ☐ DIVORCED ☐ WIDOWED	☐ MALE ☐ FEMALE

DATE OF DEATH	PLACE AND ADDRESS OF DEATH	CAUSE OF DEATH

PLEASE STATE THE NAMES AND ADDRESSES OF ALL PHYSICIANS INCLUDING MEDICAL INSTITUTIONS WHERE THE INSURED HAD RECORDS OF CONSULTATION/S AND CONFINEMENT/S:

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

OTHER LIFE AND ACCIDENT INSURANCE OF THE INSURED:

Insurance Company	Date of Policy	Amount of Insurance

CLAIMANT'S DECLARATION AND AUTHORIZATION

As claimant under the Policy, I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, consumer reporting agency, entity, institution, or employer, having information or records containing medical or non-medical data including, but not limited to diagnosis, treatment, results and prognosis, with respect to the insured's physical or mental examination, condition, mental and dental care, drug or alcohol abuse, prescribed drugs, information about communicable diseases, and any employment and insurance coverage information to give to BDO Life Assurance Company, Inc. or its legal representatives, any and all such information, or any other information or record it may need to process my present claim.

I also authorize BDO Life Assurance Company, Inc. to obtain an investigative report from its duly authorized inspection agency which will provide any applicable information concerning my claim for insurance benefits.

I agree that a photographic copy of this Authorization shall be valid as the original.

This authorization discharges BDO Life Assurance Company, Inc. or any of its authorized representatives from any responsibility or obligation in connection with the release of such records or information.

I attest that the foregoing answers are true, correct and complete to the best of my knowledge and records in my possession, if any.

I provide the answers in this form regarding the insured for myself and on behalf of the other beneficiaries, if any.

Signed at _____ this _____ day of _____ 20 ____.

_____ _____

Signature Over Printed Name of Witness Signature Over Printed Name of Claimant

The release of this form or any other form(s) by BDO Life Assurance Company, Inc. shall not constitute an admission of any kind of liability.

BDO Life Assurance Company, Inc.
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