

POLICY NO.: _____

CLAIMANTS' STATEMENT

NOTE: This statement must be accomplished by the beneficiary of legal age. If minors, this should be accomplished by judicial guardian whose appointment as such is to be attached.

1. Deceased full name (Please print) • If deceased was married woman, state maiden name			
2. Residence at death			
3. Occupation at death			
4. Date of Birth		Place of Birth	
5. Sources of number 4 information (birth certificate submitted)			
6. Date of death (death certificate submitted)			
Place of death			
Cause of death			
7. When did the deceased first complain or give indication of his/her illness?			
When did the deceased first consult a physician for his last illness?			
Name(s) and address(es) of all physician(s) who attended the deceased in his/her last illness			
8. Life and Accident Insurance carried by the deceased:			
	Company	Policy Number	Amount of Coverage
9. NATCCO MBAI membership certificate/confirmation of cover (submitted)			
10. Relationship to the deceased (proof submitted)			

Having being duly sworn, I hereby depose and say that the statement in the foregoing answers are true and full, to the best of my knowledge and belief, and that there are no material facts in the case which are not disclosed.

Signed at _____ this _____ day of _____, 20_____.

WITNESS

CLAIMANT

ADDRESS

ADDRESS

On this _____ day of _____ 20____, personally appeared before me at the above named _____, with Res. Cert. No. _____ issued on _____ at _____ to me known, who being by me duly sworn, deposed that the answer to the above questions and subscribed the same in my presence.

BARANGAY CHAIRMAN