PRU LIFE U.K.

CLAIMANT STATEMENT
DEATH CLAIM

Write legibly and fill out all necessary information completely.
If the question is not applicable, write "NA".

Please check the benefit stated in your Policy Data Page applicable to the claim.

- ☐ ACCIDENTAL DEATH
- ☐ BURIAL BENEFIT
- ☐ DANGEROUS SPORTS
- ☐ DEATH BENEFIT/BASIC COVER
- ☐ DOUBLE INDEMNITY
- ☐ FIELD TRIP COVERAGE
- ☐ MRI
- ☐ MURDER AND ASSAULT
- ☐ PAYOR WAIVER IN THE EVENT OF DEATH OF PAYOR
- ☐ PAYOR TERM RIDER
- ☐ SPOUSE WAIVER IN THE EVENT OF DEATH OF SPOUSE

AGENT INFORMATION

Agent Name and Branch

Mobile Number

Email Address

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

POLICY INFORMATION

Policy Number	**Name of Policyowner** *(Last Name, First Name, Middle Name)*	**Name of Insured** *(Last Name, First Name, Middle Name)*

Full Name of the Deceased *(Last name, First name, Middle name)*

Relationship to the Policyowner

Date of Birth (mm/dd/yy)	**Age**	**Gender** ☐ Male ☐ Female	**Civil Status**	**Place of Birth**	**Citizenship**

Address *(Number, Street)*

City/Province

Zip Code

Employer

Employer's Address

Phone Number *(Business)*

Occupation/Position

Date Last Attended Work (mm/dd/yy)

Do you have any existing insurance policy with Pru Life UK or another company? ☐ Yes ☐ No
If "yes", kindly fill out the details below:

Company	Policy Details	Date Issued and Status (mm/dd/yy)	Benefit Amount

DEATH ABROAD QUESTIONNAIRE (Only fill out if applicable)

Other Names by which the Deceased was Known

Name of the Deceased's Spouse	**Name of the Deceased's Father**	**Maiden Name of the Deceased's Mother**

Last Address in the Philippines *(Number, Street)*

City/Province

Zip Code

Reason for Leaving the Philippines

Date the Deceased Left the Philippines (mm/dd/yy)

Every question must be distinctly and completely answered by the claimant to expedite claim processing.
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Address Abroad at the Time of Death	**Passport Number**
	Place of Issue
	Date of Issue (mm/dd/yy)
	ACR Number

HOSPITALIZATION DETAILS

Hospital Name	
Hospital Address	
Name of Doctor Certifying Death	**Address**
	Contact Number
Name of Medical Attendant During Last Illness	**Address**
	Contact Number
Date of Admission/Consultation (mm/dd/yy)	**Date of Discharge** (mm/dd/yy)
Cause of Death	
Place of Death	**Date and Time of Death** (mm/dd/yy)

Questions	Details to "Yes" Answers
Was the Deceased buried? ☐ Yes ☐No	
Was the Deceased cremated? ☐ Yes ☐No	

Names of two people, not related to the Deceased, who were present at the burial or cremation

Name	**Address**
Name	**Address**

HEALTH HISTORY

Date Deceased first complained of or gave indication of his/her last illness (mm/dd/yy)	
Date Deceased first consulted a Physician (mm/dd/yy) Also give name and address of Physician	

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CLAIMANT STATEMENT
DEATH CLAIM

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If the question is not applicable, write "NA".

Name and address of all Physicians who attended to the Deceased and hospitals/institutions where the Deceased was confined or received treatment during his/her last illness and three (3) years prior thereto:
(Please use separate sheet if necessary.)

Name	Date Attended (mm/dd/yy)	Address

BENEFICIARY-CLAIMANT INFORMATION

Questions	Details to "Yes" Answers
Are you in any way related to the Deceased? If 'yes', state relationship.	
In what capacity or by what title do you claim this insurance?	
Please state your Date of Birth (mm/dd/yy).	

If claim is on behalf of minor or incapacitated beneficiary/beneficiaries, please complete the table below (If space for beneficiaries is not enough, please fill out another Claimant Statement – Death Claim form):

Name of minor or incapacitated Beneficiary	Date of Birth (mm/dd/yy)	Relationship to minor or incapacitated Beneficiary

MODE OF RELEASE OPTION
In case this claim is approved, I/We prefer my/our payout released to me/us through:

☐ Fund Transfer

1. Fund transfer to the following accredited banks are free of charge: **Bank of the Philippine Islands (BPI), Metropolitan Bank and Trust Company (MBTC), The Hong Kong and Shanghai Banking Corporation (HSBC), Security Bank (SB), Citibank, and Standard Chartered Bank (SCB), Banco De Oro (BDO), Philippine Bank of Communication (PBCOM), China Bank.**
2. Fund Transfer to non-accredited banks is subject to bank charges.
3. Insured or Beneficiary/Beneficiaries of minor age are not eligible for the fund transfer option.

Account Holder's Name (BENEFICIARY – CLAIMANT 1)	**Currency** ☐ Dollar ☐ Peso
Name of Bank	**Account Number and Type**
Bank Address/Branch	**Swift Code/Routing Number**

Account Holder's Name (BENEFICIARY – CLAIMANT 2)	**Currency** ☐ Dollar ☐ Peso
Name of Bank	**Account Number and Type**
Bank Address/Branch	**Swift Code/Routing Number**

Account Holder's Name (BENEFICIARY – CLAIMANT 3)	**Currency** ☐ Dollar ☐ Peso
Name of Bank	**Account Number and Type**
Bank Address/Branch	**Swift Code/Routing Number**

Account Holder's Name (BENEFICIARY – CLAIMANT 4)	**Currency** ☐ Dollar ☐ Peso
Name of Bank	**Account Number and Type**
Bank Address/Branch	**Swift Code/Routing Number**

Account Holder's Name (BENEFICIARY – CLAIMANT 5)	**Currency** ☐ Dollar ☐ Peso
Name of Bank	**Account Number and Type**
Bank Address/Branch	**Swift Code/Routing Number**

☐ **Check Pick-up**

☐ Pru Life UK Head Office: 9F Uptown Place Tower 1, 1 East 11th Drive, Uptown Bonifacio, 1634 Taguig City, Metro Manila, Philippines

☐ Preferred Pru Life UK Branch

Preferred Pru Life U.K. Branch Address

By selecting the above option and in consideration of any payment received from Pru Life Insurance Corporation of U.K. ("Pru Life UK") pursuant to a claim hereunder, I, for myself and on behalf of my heirs, assigns and successors-in-interest, hereby fully, completely, and absolutely release, discharge, and hold free and harmless Pru Life UK and any of its parent companies, affiliates, subsidiaries, directors, officers, employees and successors-in-interest from any and all claims, demands, liabilities, and causes of action, in law or in equity, arising from or connected with this claim or any payment in relation thereto. I hereby warrant that this declaration may be pleaded as an absolute bar to any litigation or suit that has been or may be brought in connection with this claim, and I promise to defend the right of Pru Life UK and any of its parent companies, affiliates, subsidiaries, directors, officers, employees and successors-in-interest, and all other persons having interest therein and thereby, and to fully answer all costs and expenses, including attorney's fees, interests, penalties and other damages arising from such litigation or suit to which Pru Life UK may be entitled, including all other persons having interest therein or thereby.

I further warrant that I fully understand the foregoing and the implications thereof and that I have executed this release, waiver, and quitclaim voluntarily and out of my own free will.

DECLARATION

The undersigned hereby makes a claim on the insurance of the Deceased with Pru Life UK and agrees that the written statements and affidavits of the physicians who attended to or treated the Deceased and all other documents required herein, shall constitute and be considered as proofs of death, and further agrees that the furnishing of this Claimant Statement or any other supplemental form by Pru Life UK shall not constitute nor be considered as 1) an admission that there was any insurance in force on the life in question or of liability for payment of any benefit provided in any insurance policy issued by it; or 2) a waiver of any of its rights or defenses.

I hereby declare that all answers given by me in this Claimant Statement are, to the best of my knowledge and belief, true and complete.

Every question must be distinctly and completely answered by the claimant to expedite claim processing.
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PRU LIFE U.K.

CLAIMANT STATEMENT
DEATH CLAIM

Write legibly and fill out all necessary information completely.
If the question is not applicable, write "NA".

CLAIMANT CERTIFICATE OF AUTHORIZATION

This is to authorize Pru Life UK and/or its duly authorized representatives to secure any and all information or records in relation to the Deceased that are available from any physician or medical practitioner, or government or private hospitals, clinics, medical facilities or offices. This authorization is being made in connection with a claim on the insurance policy or policies issued by Pru Life UK on the life of the Deceased.

It is understood that by virtue of this authorization, any such physician, medical practitioner, government or private hospital, clinic, medical facility or office or any and all members of its staff shall be released from any responsibility or obligation in connection with the release of such records or information.

A facsimile or reproduction of this authorization shall be as effective, valid and binding as the original. If the Claimant is not related to the Deceased, the witness must be the Deceased's next of kin, whose signature is understood to be his/her own authorization in addition to the Claimant's authorization.

Pru Life UK may transfer, disclose or communicate any information relating to the policy or policies identified herein to any of the branches, subsidiaries, affiliates, agents and representatives of Pru Life UK, Prudential Corporation Asia, Prudential plc and third parties selected by any of them, to be used for the purpose of offering, soliciting or providing any product or service or for any other purpose such as data processing and storage or anti-money laundering monitoring, review and reporting. In addition, Pru Life UK, its offices, branches, subsidiaries, affiliates, agents and representatives may transfer, disclose and use any such information as may be required by law or regulation.

Signature Over Printed Name	Place and Date Signed (mm/dd/yy)	Address / Contact Number
(1) BENEFICIARY - CLAIMANT		
(2) BENEFICIARY - CLAIMANT		
(3) BENEFICIARY - CLAIMANT		
(4) BENEFICIARY - CLAIMANT		
(5) BENEFICIARY - CLAIMANT		

Signature Over Printed Name of Witness

Place and Date Signed (mm/dd/yy)

If space for beneficiaries is not enough, please fill out another Claimant Statement – Death Claim form.

Every question must be distinctly and completely answered by the claimant to expedite claim processing.
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PRU LIFE U.K.

DEATH CLAIM
STANDARD DOCUMENTARY REQUIREMENTS

(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services may require additional documents or information depending on the case.

☐ **CLAIMANT STATEMENT**
This must be clearly and completely filled out by a beneficiary of legal age. A beneficiary who is a minor below 18 years of age or who is of legal age but is incompetent or mentally incapacitated may be represented and signed for by the parent/s or designated guardian.
For Payor Waiver in the event of death of Payor, the form must be accomplished by:
- Insured, if of legal age;
- Alternate owner, if any; or
- Parent/s or the designated guardian, if Insured is a minor.

☐ **POLICY CONTRACT**
In case of loss, submit "Agreement Pertaining to Loss or Destruction of Policy" signed by the beneficiary.

☐ **ATTENDING PHYSICIAN'S STATEMENT/S**
This must be duly accomplished by the physician/s who attended to the Deceased.

☐ **DISCHARGE SUMMARY**
This must be duly certified by the issuing hospital/institution.

☐ **MEDICO-LEGAL REPORT, if there is any**
This shall be submitted if the Insured is declared Dead On Arrival (DOA) at any medical institution. This must be an original or a certified true copy.

☐ **DEATH CERTIFICATE**
The death certificate must be an original copy or certified true copy (with back page) issued by the Local Civil Registrar of the place of death, duly registered bearing the signature and seal of the Office of the Civil Registrar.

☐ **BIRTH OR BAPTISMAL CERTIFICATE OF THE INSURED**

☐ **BIRTH OR BAPTISMAL CERTIFICATE OF THE BENEFICIARY/BENEFICIARIES**
For Lost Birth Certificate:
☐ Certification from the Local Civil Registrar of the place of birth that he/she cannot issue a certified true copy of the birth certificate because the record thereof was lost, burned, or destroyed, as the case may be; and
☐ Duly notarized Affidavit from two persons aware of the facts of birth of the insured

☐ **REASON FOR LATE FILING OF CLAIM**
If claim is filed beyond 90 days from death of Insured

☐ **MARRIAGE CONTRACT IF BENEFICIARY IS SPOUSE**
For Lost Marriage Certificate:
☐ Certification from the Local Civil Registrar of the place where the marriage was solemnized or registered stating that he/she cannot issue a certified true copy of the Marriage Certificate because the record thereof was lost, burned, or destroyed, as the case may be;
☐ Affidavit of the Claimant-Spouse stating, among others, the date and place of marriage, names of sponsors, and or witnesses, and the name and title of the solemnizing officer; and
☐ Joint Affidavit of at least two competent persons corroborating the statements of the Claimant-spouse above

☐ **TWO VALID IDENTIFICATION CARDS OF INSURED**
These must be clear photocopies with stamp indicating that the Original ID was seen.

☐ **TWO VALID IDENTIFICATION CARDS OF PRIMARY BENEFICIARY/BENEFICIARIES**
These must be clear photocopies with 3 specimen signatures and stamp indicating that the Original ID was seen.

LIST OF VALID IDs

- Passport
- Driver's License
- Professional Regulations Commission (PRC) ID
- Police Clearance
- Postal ID
- Voter's ID
- Photo-Bearing Barangay ID/Certification
- GSIS e-Card
- SSS Card
- Philhealth Card
- Senior Citizen's Card
- Overseas Workers Welfare Administration (OWWA) ID
- OFW ID
- Seaman's Book
- Alien Certificate of Registration/Immigrant Certificate of Registration
- Government Office ID (e.g. AFP, Home Development Mutual Fund, Department of Education IDs) and IDs issued by government instrumentalities
- Photo-Bearing ID/Certification from the National Council for the Welfare of Disabled Persons (NCWDP)
- Department of Social Welfare and Development (DSWD) photo-bearing ID/Certification
- Firearms License
- ID issued by the Bureau of Internal Revenue
- Photo-Bearing Credit Card
- Photo-Bearing Health Card issued by Health Maintenance Organizations

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PRU LIFE U.K.

DEATH CLAIM
ADDITIONAL REQUIREMENTS

(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services may require additional documents or information depending on the case.

IF BENEFICIARY IS OUTSIDE THE PHILIPPINES

☐ Signed Claimant Statement authenticated by the Philippine Embassy or Consul; and

☐ Special Power of Attorney (SPA) authenticated by the Philippine Embassy or Consul regarding transactions, signing and/or payment/ release of proceeds.

IF THE INSURED EVENT HAPPENED OUTSIDE THE PHILIPPINES

☐ All forms and proofs of claim obtained outside the Philippines must be in English and duly authenticated by the Philippine Embassy or Consul of the country where the event happened.

IF DEATH BY EXTERNAL CAUSES (Homicide, Suicide, Accident, Murder, etc.)

☐ Certified true copy of the Final Investigation report of Police Authorities or NBI;

☐ Original or certified true copy of Sworn Statement or Affidavits on file of at least two witnesses to the incident or Affidavit of at least two persons cognizant of the circumstances surrounding the Insured's violent death;

☐ Certified true copy of Medico-Legal Report / Autopsy Report, if any;

☐ Driver's license and vehicle registration if the Insured was driving a vehicle at the time of death; and

☐ Duly certified copy of the criminal Complaint filed in court, if any; or Fiscal's Resolution, if any.

IF POLICY IS LESS THAN TWO YEARS FROM THE EFFECTIVITY DATE OR DATE OF APPROVAL OF LAST REINSTATEMENT

☐ COMPLETE MEDICAL RECORDS
This must be duly certified by the issuing hospital/institution.
- Admission and Discharge Summary Consultation Record, diagnostic results (including APE), confinement records before policy effectivity date or date of last reinstatement, increase of coverage or addition of the benefit. (Certified True Copy); and
- History Sheet: Contains chief complaint, personal, and family history (past and present).

IF GROUP YEARLY RENEWABLE TERM

☐ Employer's Certification

IF BENEFICIARY IS COMPANY OR INSTITUTION

☐ Updated Board Resolution authorizing the transaction and designating the company or institution's authorized representatives, if any;

☐ The authorized representative of the company or institution based on the Board Resolution shall sign the Claimant Statement;

☐ Two valid IDs of the company or institution's authorized representative.

IF POLICY IS ASSIGNED

☐ The Assignee (authorized signatory stated in the updated board resolution) shall be the one to sign the Claimant Statement;

☐ The Assignee must submit a certification of outstanding indebtedness of the Insured at the time of death;

☐ If no outstanding balance at the time of death, the Assignee must submit a duly signed Release of Assignment; and

☐ Two valid IDs of the Assignee

IF FOR FIELD TRIP COVERAGE

☐ Certificate from School

☐ Proof of Accident:
- Certified True Copy of the Final Investigation report of Police Authorities or NBI; and
- Original or Certified True Copy of Sworn Statement or Affidavits on file of at least two witnesses to the incident.

IF FOR DOUBLE INDEMNITY

☐ Passenger manifesto

☐ Proof of Accident:
- Certified True Copy of the Final Investigation report of Police Authorities or NBI; and
- Original or Certified True Copy of Sworn Statement or Affidavits on file of at least two witnesses to the incident.

IF FOR MRI

☐ CERTIFICATE OF GROUP CREDITOR LIFE INSURANCE

☐ CERTIFICATE OF OUTSTANDING LOAN FROM CREDITOR
Outstanding Loan at the time of Borrower's Death