Claimant Statement

DEATH CLAIM



Our sincerest condolences to you and your family. We know this is important to you, so let us help you with this claim.

Instructions:

- Completely and clearly fill out this form if you are a beneficiary of legal age or a minor beneficiary's guardian.
- Put "N/A" if not applicable. Do not sign a blank form.

Submit the accomplished form with the complete requirements via the email address below.

Please expect an update on the status of your claim through your mobile number and/or email address. If you have further questions or concerns, please feel free to contact us.

(+632) 8884 8484 within Metro Manila

contactclaims@prulifeuk.com.ph (+632) 8884 8484 within Metro Manila www.prulifeuk.com.ph 1 800 10 PRULINK for domestic toll-free			
REQUIREMENTS			
STANDARD REQUIREMENTS One (1) Beneficiary Claim Form per beneficiary Death Certificate of the Deceased One (1) valid government-issued photo ID of the beneficiary CONDITIONAL REQUIREMENTS (additional requirements needed for specific cases) For claims within two years from the effectivity date or reinstatement date of the policy			
Attending Physicians's Statement Complete medical records or health history of the Deceased, which may be requested from hospitals or clinics that attended to the Deceased Admission and Discharge Summary Consultation Record of present and past illness, if any p			
For minor beneficiary (less than 18 years old) Birth Certificate of the minor beneficiary Affidavit of Legal Guardianship for claim proceeds less than PHP 500,000 or USD 10,000 Please see our website https://www.prulifeuk.com.ph for other conditional requirements that may need to be submitted.			
DECEASED INFORMATION			
POLICY NUMBER/S FULL NAME (last, first, middle) LATEST HOME ADDRESS (unit, building, number, street, subdivision, barangay, city, province) ZIP CODE			
BENEFECIARY INFORMATION			
FULL NAME (last, first, middle) DATE OF BIRTH (mm/dd/yyyy) PLACE OF BIRTH GENDER			
NATIONALITY RELATIONSHIP TO THE INSURED MOBILE NUMBER E-MAIL ADDRESS LATEST HOME ADDRESS (unit, building, number, street, subdivision, barangay, city, province) TAXPAYER IDENTIFICATION NUMBER (TIN)			
Do you currently file a tax return in the United States (US) of America? Yes - Submit IRS Form W9 No No, but I have US-related information on any of the following: Nationality, Place of Birth, Telephone Number, Any Present/Permanent/Mailing Address.* *Submit (1) IRS Form W-8 Ben, (2) government-issued identification document evidencing non-US citizenship and (3) certificate of loss of US nationality/ place of birth US declaration			

WARNING: FILING OF FRAUDULENT CLAIMS IS PENALIZED BY LAW.

Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed 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.

PUND TRANSFER BANK NAME ACCOUNT NAME ACCOU	PAYOUT DETAILS		
ACCOUNT NUMBER Note: Fund transfer to PESONet participating banks is free of charge. Fund transfer to Dollar bank accounts using non-accredited banks is subject to bank charges. For Philippine perso pay-sucks, please elect a Philippine perso account. For 105 dollar pay-out, please elect a U.S. dollar account. If claim proceeds are more to bring a country of the C	☐ FUND TRANSFER		
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