

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:

1. Completely and clearly fill out this form if you are a beneficiary of legal age or a minor beneficiary's guardian.
2. Put "N/A" if not applicable. Do not sign a blank form.
3. 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.



contactclaims@prulifeuk.com.ph



(+632) 8884 8484 within Metro Manila
1 800 10 PRULINK for domestic toll-free



www.prulifeuk.com.ph

REQUIREMENTS

STANDARD REQUIREMENTS

- One (1) Claimant Statement 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, or addition of rider, or increase of benefit amount

- Attending Physician's Statement Consultation Record of present and past illness, if any Hospital Confinement records of present and past illness, if any
 Complete medical records or health history of the Deceased, which may be requested from hospitals or clinics that attended to the Deceased Clinical abstract, if any HMO Utilization Report, if any
 Admission and Discharge Summary Diagnostic procedure results (e.g. ECG, biopsy, blood test, ultrasound, MRI, any endoscopy procedure, x-ray), if any

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 Guardianship Bond for claim proceeds more than PHP 500,000 or USD 10,000

Please see our website <https://www.prulifeuk.com.ph/en/claims/> for other conditional requirements that may need to be submitted.

DECEASED INFORMATION

POLICY NUMBER/S	FULL NAME (last, first, middle)	DATE OF BIRTH (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
LATEST HOME ADDRESS (unit, building, number, street, subdivision, barangay, city, province)	ZIP CODE	
<input type="text"/>	<input type="text"/>	

BENEFICIARY INFORMATION

FULL NAME (last, first, middle)	DATE OF BIRTH (mm/dd/yyyy)	PLACE OF BIRTH	GENDER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NATIONALITY	RELATIONSHIP TO THE INSURED	MOBILE NUMBER	E-MAIL ADDRESS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LATEST HOME ADDRESS (unit, building, number, street, subdivision, barangay, city, province)	TAXPAYER IDENTIFICATION NUMBER (TIN)		
<input type="text"/>	<input type="text"/>		

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 for 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.

PAYOUT DETAILS

FUND TRANSFER

BANK NAME

CURRENCY PHP USD

ACCOUNT NAME

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 peso pay-outs, please elect a Philippine peso account. For US dollar pay-outs, please elect a US dollar account. If claim proceeds are more than PHP 1,000,000 or USD 20,000, please provide proof of ownership of the bank account (eg. Photocopy or picture of bank account passbook, deposit slip, or statement of account).

GCASH (UP TO PHP 50,000 ONLY) MOBILE NUMBER PROFILE NAME

Note: Gcash account should be fully verified.

CHECK PICK-UP PREFERRED CUSTOMER CENTER

Note: We only allow check issuance for beneficiaries with no bank account or no GCash account. Please expect an additional 5-10 calendar days for check availability.

If a representative is designated to claim the cheque, the following must be presented: (a) authorization letter and (b) valid government-issued photo ID of the representative.

PURPOSE STATEMENT

We will use the information you have provided in this form to process your request in accordance with applicable privacy laws and regulations. During processing, we may share the information you provided to our authorized data processors, including couriers and contractors for anti-money laundering systems, photocopying, scanning, indexing and printing services. We may share your information with governmental and other regulatory authorities, or self-regulatory bodies in various jurisdictions as required or allowed by applicable laws and regulations. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of termination of the policy.

You may revisit our privacy policy through our website at (<https://www.prulifeuk.com.ph/en/footer/privacy-policy/>). For data privacy concerns, please contact our Data Privacy Officer at: Telephone: (632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free Email: dpo@prulifeuk.com.ph

DECLARATION AND SIGNATURE

I am making a claim on the insurance of the Deceased (who may also be referred to as the Life Insured or Life Assured) with Pru Life Insurance Corporation of U.K. ("Pru Life UK") and agree that the written statements and affidavits of the physicians who attended to or treated the Deceased and all other supporting documents required for the claim, shall constitute and be considered as proof of the medical condition of the Deceased. I understand and agree that Pru Life UK furnishing me with this Claimant Statement form (and any other supplemental form) is not an admission by Pru Life UK that there was any insurance in force on the Deceased or of liability for payment of any benefit provided in any insurance policy issued by Pru Life UK, and is not a waiver of any of its rights or defenses.

By selecting the mode of payout and providing the account information where proceeds will be released, and in consideration of any payment received from Pru Life UK in relation to this claim, I completely release, discharge, and hold free and harmless Pru Life UK and any of its affiliates, directors, officers, employees and successors-in-interest ("Related Parties") 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 warrant that this declaration may be pleaded as an absolute bar to any litigation or suit in connection with this claim. In case Pru Life UK becomes a party to any such litigation or suit, I agree to defend Pru Life UK and any Related Parties and to fully answer all costs and expenses to which Pru Life UK may be entitled, including attorney's fees, interests, penalties and other damages arising from such litigation or suit.

All information given by me in this Claimant Statement is correct, true and complete.

FATCA: I acknowledge that the information in this Claimant Statement and information regarding the account holder and any reportable accounts may, to the extent applicable, be provided to the tax authorities of the country or jurisdiction in which the account is maintained and exchanged with tax authorities of another country or jurisdiction in which the account holder may be a tax resident, pursuant to intergovernmental agreements to exchange financial account information.

Signature over printed name of Beneficiary

PLACE OF SIGNING

DATE OF SIGNING (mm/dd/yyyy)

AUTHORIZATION LETTER

This is to authorize Pru Life UK, and _____, the authorized third-party provider of Pru Life UK ["Third-Party Provider"] and/or their 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, for which I have submitted this Claimant Statement form.

It is understood that by virtue of this authorization, any 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 the records or information in connection with the Deceased.

A facsimile or reproduction of this authorization shall be as effective, valid and binding as the original.

Signature over printed name of Beneficiary

PLACE OF SIGNING

DATE OF SIGNING (mm/dd/yyyy)