

To: BPI-Philam Life Assurance Corp.

I hereby claim the benefit due the undersigned under Policy No. / s _____ and stated that the following answers are true and correct according to my personal knowledge and belief.

I understand that the furnishing of this form and other claim forms do not necessarily mean that the Company is admitting liability under the

1 (a) Full name of the deceased:	6 (a) What is your date of birth? (If you are an emancipated minor, please submit marriage contract)										
(b) Residence of the deceased:											
(c) Occupation of the deceased:											
2 (a) Birthdate & Birth place:	(b) Please state your relationship to the deceased:										
3 (b) Place of Death:	(c) Are you the designated beneficiary? If answer is NO, please state in what capacity you are filing this claim?										
(c) Cause of Death											
(d) Date & Place of Internment:											
4 (a) Date the deceased first complained of last illness:											
(b) Name & Address of physicians who attended to the deceased:											
(c) Names and address of medical institutions or hospitals where the deceased was confined:	(d) If you are filing this claim in behalf of minor beneficiaries, please give their names & dates of birth & your relationship to them										
5 If deceased was insured with other companies, please state: Name of Co. Policy No.	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Minor's Name</td> <td style="width: 50%; text-align: center;">Birth Date</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </table>	Minor's Name	Birth Date	_____	_____	_____	_____	_____	_____	_____	_____
	Minor's Name	Birth Date									
_____	_____										
_____	_____										
_____	_____										
_____	_____										
	(e) As father / mother of said minor/s, have you been disqualified by a court of law from exercising the right to administer the property of such minor/s?										
	YES () NO ()										
	Is / are the same minor/s under your actual custody & support?										
	YES () NO ()										

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

WITNESS

NAME & SIGNATURE OF CLAIMANT Tel. No. _____

ADDRESS OF WITNESS

ADDRESS OF CLAIMANT

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20_____, by the above claimed who exhibited to me his / her Residence Certificate No. _____ issued at _____ on _____.

Doc. No. _____
Page. No. _____
Book No. _____
Series of 20 _____

NOTARY PUBLIC
Until Dec. 31, 20 _____
PTR No. _____
Issued on _____
At _____

CLAIMANT'S AUTHORIZATION

TO WHOM IT MAY CONCERN:

Date

I hereby authorize the Ayala Life Assurance Incorporated or its representatives to secure whatever medical and personal information or records of _____ . This authorization is being made in connection with any claim on the insurance policy issued by said company on the life of the insured / deceased.

This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.

Witness

Name & Signature of Claimant