

CLAIMANT STATEMENT – CREDIT SHIELD DEATH CLAIM

INSURED INFORMATION

Group Policy Number	Certificate Number	Credit Card no.
Name of Policyowner (Last name, First name, Middle name)		
Full Name of the Deceased (Last name, First name, Middle name)		Relationship to the Policy Owner:
Date of Birth (mm/dd/yy)	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Address (Number, Street)		Tel. No. (Res)
City/Province	Zip Code	E-mail Address
Employer (if not self-employed)		
Address of Employer		Tel. No. (Bus)
Occupation (Type of work done)		Date last attended work

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

Company	Policy No.	Date Issued & Status	Benefit Amount

HOSPITALIZATION DETAILS

Hospital Name: _____	
Hospital Address : _____	
Date of Admission/Consultation : _____	Date of Discharge : _____
Cause of Death	
Place of Death	Date and Time of Death

HEALTH HISTORY

1. Date deceased first complained of or gave indication of his last illness.	
2. Date deceased first consulted a Physician. Also give name and address of Physician.	

Name and Address of all Physicians who attended the deceased and hospitals/institution where he/she was confined or received treatment during his/her last illness and three (3) years prior thereto:

Date Attended	Physician	Hospital/Clinic/Address	Diagnosis	Treatment

Information on the Beneficiary – Claimant

1. Are you in any way related to the deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state relationship _____					
2. Please provide the details of the next of kin.					
	Name (Last name, First name, Middle name)	Date of Birth (mm/dd/yy)	Deceased? If yes, put date of death		Address & Contact No.
Spouse			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Father			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Mother			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Brother			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Sister			<input type="checkbox"/> Yes <input type="checkbox"/> No		

DECLARATION

The undersigned hereby makes claim to the insurance of the deceased in the Pru Life UK and agrees that the written statements and affidavits of all the physicians who attended or treated the deceased and all the papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Death, and further agrees that the furnishings of this form, or any other forms supplemented hereto, by said Company shall not constitute nor be considered an admission by it that there was any insurance in force on the life in question, nor waiver of any of its rights to defense.

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

CLAIMANT CERTIFICATE OF AUTHORIZATION

This is to authorize Pru Life UK and/or its duly authorized representatives to secure whatever information of records are available from government and private hospitals and offices. This authorization is being made in connection with a claim on the insurance policy/ies issued by the insurance company on the life of the deceased.

It is understood that any action you may take in connection with this authorization releases you, your Company or any and all members of your staff from any responsibility or obligation in connection with the release of such records of 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 insured, the witness must be the deceased's next of kin, where 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 Insured's policy/ies 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 which may be of interest or benefit to the Insured or related to his/her policy/ies or for any other purpose such as data processing and storage, 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.

<p>_____ Signature over Printed Name of CLAIMANT / CREDITOR</p>	<p>_____ Date signed</p>	<p>Address :</p> <p>Contact No.</p>
<p>_____ Signature over Printed Name of CLAIMANT / RELATIVE</p>	<p>_____ Date signed</p>	<p>Address :</p> <p>Contact No.</p>
<p>_____ Signature Over Printed Name of Witness</p>	<p>_____ Date signed</p>	