

CLAIMANT STATEMENT – CREDIT SHIELD DISABILITY

Please check the benefit stated in your Policy Data Page applicable to the event being claimed. Every question must be distinctly and completely answered by claimant to expedite claim processing.

TEMPORARY DISABLEMENT
 PERMANENT DISABLEMENT
 PARTIAL DISABLEMENT (CS MAX)

CLAIMANT / INSURED INFORMATION

Group Policy Number		Certificate Number		Credit Card no.	
Name of Policyowner (Last name, First name, Middle name)					
Name of Insured (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		Civil Status	
Address (Number, Street)				Tel. No. (Bus)	
City/Province				Tel. No. (Res)	
Zip Code				Mobile No :	
Occupation (Type of work done)				E-mail Address	

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.	Status	Benefit Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOSPITALIZATION DETAILS

Hospital Name and Address : _____
 Admission Number : _____ Ward/Room Number : _____
 Date of Admission/Consultation : _____ Date of Discharge : _____
 No. of days of Confinement : _____ Final Diagnosis : _____

HEALTH HISTORY

1. Describe fully the extent and nature of your illness.	
2. When did you first consult a medical practitioner in connection with your illness?	
3. What were the symptom/s you experienced which resulted to your hospitalization/consultation?	
4. When did the symptom/s begin?	
5. Have you previously suffered or received any treatment for a similar or related illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please give details	

6. Confinements /consultations history for the past 5 years :

DATE	HOSPITAL/CLINIC	PHYSICIAN	DIAGNOSIS	TREATMENT

Please provide details of any Doctors or Specialist you have consulted in connection with your illness on the space provided below.

Date	Name and Address	Findings	Duration

PARTIAL DISABLEMENT (For Credit Shield Max)

Loss of: One hand or one foot One thumb or one big toe
 Sight of one eye One finger or one small toe

DETAILS OF ACCIDENT

1. Date and Time of Accident : _____ Place of Accident : _____
2. Cause of Accident /Injury : _____
3. Extent of Injury : _____
4. Are you at work/ official business when the accident/injury happened ? Yes No

EXTENT OF DISABILITY

1. What was your work immediately prior to your becoming disabled? _____
2. Does injury or illness prevent you from performing your usual work or occupation? Yes No
 If Yes, for how long? _____
3. If you were unable to perform your usual work, kindly mark all the task below which you can perform:
 light clerical work activities of daily living (e.g. eating, bathing, ,etc.)
 household chores outdoor activities (e.g. gardening, sports ,etc)

DECLARATION

The undersigned hereby makes claim to the insurance with Pru Life UK and agrees that the written statements and affidavits of all the physicians who attended or treated me and all the papers called for by the instructions hereon, shall constitute and they are hereby made a part of these Proofs of Claim. I further agree 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.

AUTHORIZATION

I hereby authorize any physician, hospital, clinic, sanitarium, or any institution or insurance office that has any records or knowledge of me to furnish Pru Life UK any information with reference to health, hospitalization, consultation, advice, examination, treatment or insurance coverage information.

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 to Pru Life UK.

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

Pru Life UK may transfer, disclose or communicate any information relating to my/our 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 me/us or related to my/our 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.

 Signature Over Printed Name
 CREDITOR
 Date Signed : _____

 Signature Over Printed Name of INSURED
 Date Signed: _____

 Signature Over Printed Name of Witness
 Date Signed: _____