Reset or Clear Form

PARAMOUNT
LIFE & GENERAL
INSURANCE

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CLAIMANT'S STATEMENT

TO PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION:

I hereby claim for benefit under the Insurance Certificate/Policy(ies) of this Company numbered _____. All the following answers and statements are true, correct and complete according to my personal knowledge and belief. I understand that furnishing of this form and other claim forms by the Company does not constitute an admission that there is any insurance in force.

1. a. Full Name of the Deceased:			
b. Residence of the Deceased:			
c. Name and Address of Employer:			
d. Date deceased last attended his/her usual work:			
e. Occupation at date of death:			
2. a. Date of Birth:		**Place of Birth:**	
3. a. Date of Death:		**Place of Death:**	
c. Cause of Death:			
d. Date and Place of Interment:			
4. a. Date deceased first complained or showed symptoms of last illness:			
b. What medicines/tests were prescribed?			

c. Name and addresses of all physicians who attended the deceased for the injuries sustained or during his last illness and during the three years immediately preceding it and/or hospitals or other institutions where the deceased was confined or received treatment within the last three (3) years. Please include name and address of the deceased's personal or family physician.

Name of Physician and Hospital	Address	Date of Confinement	Illness/Disease

5. Was death due to Suicide, Homicide, Accident or Occupational Accident? If so, describe briefly.

6. If deceased was insured with other Companies, please state:

7. Are you a designated beneficiary? ( ) Yes ( ) No. If yes, what is your relationship to the deceased?

8. Your date of birth		**9. Your contact details CP#**		**Email**	

10. If you are filing this claim in behalf of minor beneficiaries, please give names and dates of birth of minors and your relation to them. (State such as father, mother, grandfather, etc.)

Minor's Name	Date of Birth	Relationship

FRAUD WARNING

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

DATA PRIVACY CONSENT STATEMENTS

I hereby consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, storage, and disclosure to third parties, by Paramount Life & General Insurance Corporation (hereafter, "PLGIC"), its subsidiaries, affiliates, directors, officers, employees, and agents (a) to verify and/or confirm any information provided or representation made, (b) to provide, facilitate, monitor and improve the quality of services offered or may be offered by PLGIC, (c) for customer/client profiling, and (d) for marketing purposes. I likewise consent to the processing of the personal data stated above whether manually or via electronic channels, including but not limited to the collection, usage, and storage by authorized third parties for the foregoing purposes.

Such processing may be conducted for the duration of my availment of PLGIC's products, services, facilities and/or channels. I further consent that the personal data stated above shall be retained by PLGIC for an additional period of at least five (5) years, or for a longer period if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties, of the personal data which may be inaccurate or incorrect.

I understand and agree that the consent hereby given may be revoked or withdrawn through formal written notice to PLGIC.

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

_____ _____

SIGNATURE OVER PRINTED NAME OF WITNESS SIGNATURE OVER PRINTED NAME OF CLAIMANT