



CLIMBS LIFE and GENERAL INSURANCE COOPERATIVE

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CLAIMANT'S STATEMENT

POLICY NO. _____

1. (a) Deceased's name in full _____
 (b) Residence at death _____
 (c) Occupation at death _____
2. (a) Deceased's date of birth _____
 (b) Place of birth _____
 (c) Your sources of the above information _____
3. (a) Date of death _____
 (b) Place of death _____
 (c) Cause of death _____
4. (a) When did the deceased first complain of or give indication of his last illness? _____

 (b) When did the deceased first consult a physician for his last illness? _____

 (c) Names and addresses of all physicians who attended the deceased in his last illness

5. Facts concerning other life and accident insurance carried by the deceased:

Company	Policy No.	Amount of Insurance
_____	_____	_____
_____	_____	_____
_____	_____	_____
6. Your date of Birth _____
7. Your relationship to the deceased _____

Having been duly sworn, I hereby depose and say that the statement in the foregoing answers are true and full, to the best of my knowledge and belief and that there are no material facts in the case which are not disclosed.

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

Witness

Claimant

Address

Address

On this _____ day of _____, 20____. Personally appeared before me the above named, with Residence Certificate No. _____ Issued on _____ at _____ to me known, who being by me duly sworn, deposed the answer to the above questions and subscribed the same in my presence.

NOTARY PUBLIC
My Commission Expires _____

Doc No. _____

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