



**FORTUNE LIFE INSURANCE CO., INC.**  
 Fortune Life Building, 162 Legazpi Street  
 Legazpi Village, 1229 Makati City  
 Tel. Nos.: (02) 892-9841 to 49 (connecting all dept's)  
 Fax No.: (02) 812-2703  
 e-mail address: [fortlife@fortunelife.com](mailto:fortlife@fortunelife.com)  
 URL <http://www.fortunelife.com>

**CLAIMANT'S STATEMENT**

I/We hereby make the following statements to give answers to following questions in connection with the life insurance of \_\_\_\_\_ with Fortune Life Insurance Co., Inc.

I/We hereby submit these statements answer to from part of the proof of the death of the insured and to support my/our claims for payment of the proceeds of the Policy No. (s) \_\_\_\_\_ dated \_\_\_\_\_.

**NOTE :** Every question must be fully answered. The company reserves the right to require further information(s) should it be deemed necessary. Please write all answers legibly.

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1.	a. Name of claimant/s in full	:	_____
		:	_____
	b. Age of claimant /s	:	_____
	c. Residence of claimant/s	:	_____
	d. Telephone Nos. of claimant /s	:	_____
2.	a. Name of the deceased in full	:	_____
	b. Residence of the deceased when Policy was issued	:	_____
	c. Residence of the deceased at the time of death	:	_____
3.	Occupation of the deceased		
	a. At the time of the issuance of the policy	:	_____
	b. At the time of death	:	_____
4.	a. Place of birth of deceased	:	_____
	b. Date of birth	:	_____
	c. Upon what document did you base your answer to the preceding question? (Certificate of Baptism, etc. )	:	_____
5.	a. Date of Death	:	_____
	b. Place of Death	:	_____
	c. Cause of Death	:	_____
6.	a. Details of any illness, other than the last one ever suffered by the deceased	:	_____
	b. The names and the residence of physician who attended the deceased during the year prior to his death	:	_____
		:	_____
		:	_____
		:	_____
7.	a. The date and the hour the deceased first complained about his/her last illness	:	_____
	b. The date and hour of first visit of the physician who attended the deceased during last illness	:	_____

**ANTI FRAUD WARNING / PAALALA:**  
 "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."

8. a. Has the policy ever been assigned? : \_\_\_\_\_  
 b. If so, to whom and when? : \_\_\_\_\_  
 c. Are there any endorsements on the policy other than those made by the company? If so, furnish us a verified or certified copy of the endorsement. : \_\_\_\_\_
9. a. In what capacity or by what title do you make this claim? : \_\_\_\_\_  
 b. Are you legally entitled to receive the entire amount payable on the policy : \_\_\_\_\_
10. Who has been paying the premium on the policy? : \_\_\_\_\_
11. In what other companies and for what amount was the deceased insured? : \_\_\_\_\_
12. Are there any proceeding in insolvency or suspension of payments to creditor now pending against the insured or any of the claimants? : \_\_\_\_\_
13. Do you guarantee that all the statements and answers made by you in this questionnaire are true and that you have not concealed any material facts from company : \_\_\_\_\_

Having been duly sworn, I/We hereby depose and say that the foregoing statements and answers to the above questions are true and full to the best of my/our knowledge and belief.

Witness \_\_\_\_\_ hand/s this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
 CLAIMANT  
 Res. Cert. No. \_\_\_\_\_  
 Issued On : \_\_\_\_\_  
 Issued At : \_\_\_\_\_

\_\_\_\_\_  
 CLAIMANT  
 Res. Cert. No. \_\_\_\_\_  
 Issued On : \_\_\_\_\_  
 Issued At : \_\_\_\_\_

**WITNESSES**

\_\_\_\_\_  
 On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the above named, \_\_\_\_\_ to known, who subscribed the foregoing statements in my presence and made oath that the answer to the question therein made by \_\_\_\_\_ are true and full to the best of \_\_\_\_\_ knowledge, recollection and belief.

\_\_\_\_\_  
 NOTARY PUBLIC  
 Until December 31, 20\_\_\_\_  
 PTR No. : \_\_\_\_\_  
 Issued On : \_\_\_\_\_  
 Issued At : \_\_\_\_\_

Doc. No. : \_\_\_\_\_  
 Page No : \_\_\_\_\_  
 Book No : \_\_\_\_\_

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