



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
 URL <http://www.fortunelife.com>

ATTENDING PHYSICIAN'S STATEMENT

This is submitted as proof of the death of _____ to Fortune Life Insurance Co., Inc. at the instance of claimants under Policy No. _____.

This statement must be made by the physician in attendance during the last illness of the deceased and must be entirely in his own handwriting. If more than one physician was employed, the statement of each must be furnished on separate forms, which will be sent or required.

When an autopsy has been made by order of the court, a copy of the verdict and of the evidence upon which it was based, duly certified must be furnished.

1. FULL NAME OF DECEASED	
2. COMPLETE RESIDENCE ADDRESS	
3. OCCUPATION AT THE TIME OF DEATH	
4. BUSINESS ADDRESS AT THE TIME OF DEATH	
5. COMPANY NAME & LOCATION	

Duration the Patient was under your care:			
From (MM/DD/YYYY) _____		To (MM/DD/YYYY) _____	
Diagnosis _____			
Date Disease Was Diagnosed		Was this during a Confinement?	
MM/DD/YYYY _____		[] NO [] YES Hospital _____	
OTHER CONCOMITTANT ILLNESSES	DATE OF DIAGNOSIS	MEDICAL FACILITY	ATTENDING PHYSICIAN (if other than you)
Any Neurologic? DIAGNOSIS: _____	[] yes [] no		
Any Endocrine? DIAGNOSIS: _____	[] yes [] no		
Any Cardiac? DIAGNOSIS: _____	[] yes [] no		
Any Pulmonary? DIAGNOSIS: _____	[] yes [] no		
Any Abdominal? DIAGNOSIS: _____	[] yes [] no		
Any Dermatologic? DIAGNOSIS: _____	[] yes [] no		
Any OB-GYN? DIAGNOSIS: _____	[] yes [] no		
Any Other Disorders? DIAGNOSIS: _____	[] yes [] no		

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."

6. YOUR <i>FIRST</i> VISIT DURING LAST ILLNESS WAS ON		
7. YOUR <i>LAST</i> VISIT DURING LAST ILLNESS WAS ON		
8. WERE YOU THE PRINCIPAL ATTENDING PHYSICIAN DURING THE LAST ILLNESS? IF "NO", Please identify.		[] YES [] NO
9. IMMEDIATE CAUSE OF DEATH		
10. WAS THE LAST ILLNESS THE PRIMARY OR IMMEDIATE CAUSE OF DEATH?		[] YES [] NO
11. WERE THE PREVIOUS ILLNESS RELATED TO THE CAUSE OF DEATH?		[] YES [] NO
12. DATE THE LAST ILLNESS WAS DIAGNOSED		
13. NATURE OF SYMPTOMS PRIOR TO DIAGNOSIS		
14. DURATION OF SYMPTOMS PRIOR TO DIAGNOSIS		
15. DATE/S WHEN SUBJECT'S SYMPTOMS FROM PREVIOUS ILLNESSES PREVENTED HIM/HER FROM ATTENDING HIS/HER ORDINARY FUNCTION (SINCE WHEN DID HE/SHE BECOME DISABLED?)		
16. APPROXIMATE AGE OF THE SUBJECT FROM YOUR MEDICAL EVALUATION FINDINGS		
17. WHICH OF THE FOLLOWING MAY HAVE DIRECTLY OR INDIRECTLY CAUSED THE DEATH OF THE SUBJECT?		[] SMOKING [] ALCOHOLISM [] OCCUPATION [] LIVING CONDITION [] OTHERS _____
18. ANY AUTOPSY/POST MORTEM EXAM DONE ON THE REMAINS OF THE DECEASED?	[] YES [] NO	DETAILS (WHEN? WHERE? BY WHOM? FINDINGS)
19. DID YOU PERSONALLY SEE THE REMAINS OF THE DECEASED?		[] YES [] NO
20. 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 THE COMPANY?		[] YES [] NO

I _____, under oath hereby depose and say that; 1. The foregoing statements and answers are true and full; 2. There are no material facts in the case which were not disclosed.

Dated at _____ this _____ day of _____, 20____

Signature _____
 Full Name in Print _____
 License Number _____ PTR Date _____
 Complete Clinic Address _____
 Telephone Number _____ Fax Number _____
 Cellphone Number _____ E-mail Address _____

On this ____ day of _____, 20____, personally appeared before me the above named _____ to me known as a physician in regular standing, who duly sworn deposed that, the answers to the above mentioned are full and true, to the best of his/her knowledge, recollection and belief and subscribed the same in my presence.

 Notary Public
 Until: _____ PTR No.: _____
 Issued at: _____ On _____

Doc. No. : _____
 Page No. : _____
 Book No. : _____
 Series of : _____

GP/IP-Death Claim Form No. 002/09-2019

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