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

REQUIREMENT CHECKLIST FOR HOSPITAL INCOME RIDER (HIR)/HOSPITAL INCOME PLAN (HIP/HIPP) CLAIM

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( ) **Attending Physician's Statement Form (**form provided as attached)
- Must be fully accomplished and signed by the Physician

( ) **Certificate of Authorization Form (**form provided as attached)
- Must be signed by the Insured
- If the insured is a minor, form must be duly signed by the parent or guardian. Please indicate the name and relationship to the insured.

( ) **Original or Certified True Copy of Statement of Account**
- Must indicate Admission and Discharge Date

( ) **Original or Certified True Copy of Medical Records**
- Admitting History
- Medical Certificate
- Hospital Admission and Discharge Record or Patient's Information Sheet

( ) **Incident Report (In case of Accident)**
- Original or Certified True Copy of Traffic Investigation Report/Police Investigation Report
- Any Sworn Statements made by the Insured or Witnesses to the accident

( ) **Payslip at the time of confinement**

( ) **Copy of the Insured's Valid ID**

The release of our claim forms and the request for further information and documents does not necessarily mean that Fortune Life Insurance Company, Inc. is accepting liability under this policy. The company reserves the right to evaluate the claim based on its own merits.

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TO : CLAIMS DEPARTMENT

FROM : _____ **DATE :** _____
Branch Cashier

_____
Branch Manager

Sending claim forms with check marks on _____
Insured's Name

Thank you.

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Dear Mr. / Ms. _____

We hereby acknowledge receipt of your claim documents for Policyholder _____ which we received today _____. Please call us on/or after _____ for update/s on your claim.

Thank you.

_____
Claims Dept. / Branch Cashier

Tel Nos.: 892-9841 to 49 loc. 113/114

Telefax No.: 812-27-03

Direct Line: 474-29-96

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."

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