



**CLIMBS Life and General Insurance Cooperative**

Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines  
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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  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Claimant  
\_\_\_\_\_  
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. \_\_\_\_\_  
Page No. \_\_\_\_\_  
Book No. \_\_\_\_\_  
Series of \_\_\_\_\_

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