PARAMOUNT DIRECT

11th Floor Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City 1229, Philippines
Telephone: (02) 8539-5200
Email: direct@paramount.com.ph
www.paramountdirect.com

ATTENDING PHYSICIAN'S STATEMENT
FOR DEATH CLAIMS

Name of Deceased:	
Residence at Death:	
Apparent Age at Death:	
Date of Death :	
Place of Death:	

1. What was the immediate cause of death?

2. What factors/disease contributed to the cause of death?

Duration of contributory causes?

3. What was the first indication of failing health?

When they were first noticed?

4. Were there any other disease/s suffered by the deceased?

If yes, kindly mark them from the choices below and indicate when were they diagnosed? If they are not found from the selection, you may place them, on the space provided.

Date / Year Diagnosed

- ☐ Hypertension _____
- ☐ Diabetes Mellitus _____
- ☐ Heart Disease _____
- ☐ Kidney Disease _____
- ☐ Others _____

Would you know if the deceased suffered from any congenital disease/s? ☐ Yes ☐ No

If yes, kindly specify?

5. Was the deceased bedridden prior to his/her demise? ☐ Yes ☐ No

If Yes, since when?

6. Was the deceased prevented from attending to his daily work activities or performing the normal activities of daily living prior to his demise? ☐ Yes ☐ No

If Yes, since when?

7. When did you first attended the patients?

Date of FIRST attendance in last illness?

Date of LAST attendance in last illness?

8. Was there any evidence that would indicate that the deceased died of suicide or foul play such as murder?

☐ Yes ☐ No

If yes, kindly specify?

9. Did you personally see the remains of the deceased? ☐ Yes ☐ No

If not, who did? Complete Name, Address and Contact Number of the Informant:

10. Was there any autopsy done? If yes, state which, by whom and what were the findings?

I hereby certify to the best of my knowledge that the above statements are true and correct.

_____

SIGNATURE OVER PRINTED NAME

Full Name of Attending Physician:			
License No.:		**Signature**:	
Clinic Address and Contact Numbers/s:			
Full Name of Attending Physician:			

FRAUD WARNING

"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."

DATA PRIVACY ACT CONSENT STATEMENTS

Paramount Life & General Insurance Corporation (PLGIC) ("the Company") upholds the data privacy rights of its data subjects and ensures that all personal data collected or to be collected, are processed in compliance with the Data Privacy Act of 2012 and its Implementing Rules and Regulations (IRR).

By availing of PLGIC's insurance products and services or by transacting with the Company, the latter may collect personal information or sensitive personal information (collectively "personal data"). Accordingly, I, the undersigned, hereby give my consent to the following:	**YES**	**NO**
a. processing of my personal data whether manually or via electronic channels, including but not limited to the collection, usage, storage, customer/client profiling, and disclosure to third parties by "PLGIC", its subsidiaries, affiliates, directors, officers, employees, and agents: (a) to verify and/or confirm any or all the information provided or representation made, (b) to provide, facilitate, monitor, improve the quality of, or otherwise service my account and such products, services, and facilities and/or channels availed by me or may be offered by PLGIC, and (c) to comply with legal, regulatory or other obligations of PLGIC under applicable local or foreign laws, rules and regulation	☐	☐
b. retention by PLGIC of the personal data that I submitted for a period of five (5) years, or for a longer period, if the personal data is related to or required to be preserved for litigation or to comply with legal or regulatory requirement. I likewise consent to the correction, amendment, deletion and/or disposal by PLGIC, its subsidiaries, affiliates, directors, officers, employees, agents, and authorized third parties of my personal data which may be inaccurate or incorrect.	☐	☐
c. use of my Personal Data for purposes of providing services or for other reasonable purposes which are related to the services it provides or improvements/upgrades in its systems and business processes, including but not limited to data analytics and automated processing.	☐	☐
d. sharing of my Personal Data to its subsidiaries, affiliates and authorized third parties for legitimate commercial or business purposes.	☐	☐
e. person, organization or entity that has any record or knowledge of my health and/or that of the PROPOSED INSURED to give to PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION any and all information that they may desire and which is relative to any consultation, treatment or any other medical advice or examination I/we had. A photocopy (or similar copy) of this authorization shall be as valid as the original. The request for information is in connection with my application for life insurance.	☐	☐
f. use of my contact details and demographic information for direct marketing or dissemination of promotional information regarding the company's products and services by means of phone calls, mail, email, SMS or any type of electronic facility.	☐	☐

ATTESTATION

I acknowledge that I have been informed of my rights under the Data Privacy Act of 2012, and of the nature, scope, and purpose of the processing of my personal data, as detailed in PLGIC's Privacy Policy (https://www.paramount.com.ph/privacy-policy). I understand that I may withdraw my consent at any time by providing written notice to PLGIC.

Signed at _____ this _____ day of _____ 20 _____

_____ Signature Over Printed Name of Witness

_____ Signature Over Printed Name of Claimant Beneficiary

For inquiries or concerns relating to the privacy and security of your personal data or information submitted to Paramount Life & General Insurance Corporation (PLGIC), please contact the office of the Data Protection Officer (DPO) thru the following:

The Data Protection Officer
15th Floor, Sage House Building, 110 V.A. Rufino Street, Legaspi Village, Makati City 1229 Philippines
•E-mail: dataprotectionofficer@paramount.com.ph •Tel. No.: +632 8772 9267 •Mobile No.: +639176764846

A department of:

PARAMOUNT
LIFE & GENERAL
INSURANCE