PARAMOUNT
DIRECT

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Death Claim Requirements

1. **Duly accomplished Claimants Statement Form**
2. **Original PSA copy of the Insured's Death Certificate**
   If death occurred abroad, the Death Certificate must be authenticated by the Philippine Embassy/Consulate in the place of death.
3. **Signature & photo bearing government issued IDs of claimant/s or beneficiaries**
4. **PSA copy of Marriage Contract** (if legal spouse is the beneficiary)
5. **PSA copy of Birth Certificate of Insured** (if parent/s are the beneficiary/ies)
6. **PSA copy of Birth Certificate of Beneficiary** (if child is the beneficiary)
7. **Police Investigation Report** (if death is due to accident)
8. **Joint Affidavit of 2 Disinterested Persons** (if there are discrepancies in the names of insured or beneficiaries)
9. **Affidavit of Guardianship and/or Substitute Parental Authority & Custody** (if share of minor beneficiary is ₱500,000 and below)
10. **Court Order approving Parental Bond or Petition for Guardianship** (if share of minor beneficiary is more than ₱500,000)
11. **Attending Physician's Statement** (if claim is within the contestable period)
12. **PSA copy of Death Certificate of deceased beneficiary/ies**

Note: Additional requirements may be requested depending on the circumstance/cause of death and evaluation of our Claims Department

Claimant's Statement

This form is to be filled by the claimant. Please do not sign on a blank form. No fees, commission or charges of whatever nature are payable to Agents or Employees of the Company in respect of this claim.

Date:	Policy / Certificate Number/s:

DECEASED'S INFORMATION

Deceased's Name in Full: (Last Name, First Name, Middle Name)	
Date of Birth: (mm/dd/yyyy)	Place of Birth:
Date deceased first complained or showed symptoms of last illness?	What medicines/tests were prescribed?

Name and addresses of all physicians who attended the deceased for the injuries sustained or during his last illness & during the five years immediately preceding it and/or other institutions were the deceased was confined or received treatment within the last (5) years. Please include name and address of the deceased's personal or family physician?

Name of Physician and Hospital	Address	Date of Confinement	Illness/Disease

NOTE: The receipt of the claim documents does not necessarily mean that Paramount Life is accepting or denying any liability under said policy. The Claims Department reserves the right to evaluate all the documents presented and to secure additional proofs when needed.

Claimant's Signature over Printed Name of Insured	Signature over Printed Name of Agent/ Witness	Date Signed (MM/DD/YYYY)	Place Signed

A department of:
PARAMOUNT LIFE & GENERAL INSURANCE