

# Claimant's Statement (Group Disability Claim)

Please print clearly. Use black ink.

Policy Number/s	Name of Life Insured (Last, First, MI)
Email Address	Mobile Number (Country Code, Area Code, Telephone Number)

## Credit to Account Details

Bank:  BPI  BDO  China Bank  Union Bank  Others \_\_\_\_\_

Currency:  PHP  USD

Account No. \_\_\_\_\_ Account Name \_\_\_\_\_

- Please make sure that your bank account details are updated and accurate to avoid unnecessary delay in funds disbursement.
- Charges may apply for other banks.

## Details of Claim

Name of Employer \_\_\_\_\_

Address of Employer \_\_\_\_\_

Regular occupation immediately prior to becoming disabled \_\_\_\_\_

Describe your duties fully \_\_\_\_\_

Give date on which you last worked at your present regular occupation: (mm/dd/yyyy) \_\_\_\_\_

If you have returned to work, give date of return: (mm/dd/yyyy) \_\_\_\_\_

If you have not returned to work, when do you expect to? (mm/dd/yyyy) \_\_\_\_\_

Have you filed a claim with any other insurance company, private and government agency?  Yes  No If yes, complete the following:

Name of Company	Issue Date (mm/dd/yyyy)	Nature of Claim
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

