Manulife™

Attending Physician's Statement (Death Claim)

Please print clearly. Use black ink.

1. General Information

Name of Physician

Address

Mobile No.	Email Address

2. Declarations

Full Name of Deceased

Address at Death

Age at Death	Date of Death

Place of Death (Give Name of Hospital/Clinic)

Cause of Death

a. Disease or condition directly leading to death ______________________________

b. Antecedent Causes (Morbid conditions, if any giving the rise to the above cause)

Due to ______________________________

c. Other significant conditions: (contibuting to the death but not related to the disease or condition causing death)

d. If death was due to accident, suicide or homicide, please specify and describe briefly

How long have you known the deceased?

What were the symptoms first noticed by deceased?

What was your diagnosis?

In your opinion, how long did the deceased suffered from his ailment?

Did you inform the deceased of your diagnosis?

OTHER PHYSICIANS TO YOUR KNOWLEDGE WHO ATTENDED THE DECEASED FOR ANY ILLNESS:

Name	Address	Date	Reason/Treatment

PLEASE STATE NAME OF OTHER HOSPITALS/CLINICS TO YOUR KNOWLEDGE THE DECEASED WAS TREATED FOR ILLNESS OR INJURY:

Hospital/Clinic	City/Town	Date	Diagnosis

As far as you know, was autopsy performed? If so, please provide details:

NOTE
Please use reverse side of this form if space provided is not enough.

3. Signatures

Date Signed		Place Signed
Name of Physician	PTR	Signature X
Name of Witness		Signature X

The Manufacturers Life Insurance Co. (Phils.) Inc.
LKG Tower, 6801 Ayala Avenue, Makati City 1226 Philippines
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www.myManulife.com.ph

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