PRU LIFE U.K.

ATTENDING PHYSICIAN'S STATEMENT – Death Claim

Instructions:

- In the interest of accurate vital statistics, please refer to the International List of Causes of Death when answering question numbers 5 and 7.
- Please describe the accident in case of injury and the means employed in case of suicide or homicide.
- For surgical cases, please indicate the nature of the operation and the disease or condition requiring the procedure, including puerperal states for women. Please indicate the type part first involved for neoplasms. Please avoid using indefinite terms and describe any unusual features.
- Please make use of the reverse side in case the spaces provided are not sufficient for your responses.

Name of the Deceased (Last name, First name, Middle name)

Policy No.(To be filled out by claimant)

Deceased's Address

# Street					
City/Province		Zip Code		Tel #	

Occupation

Place of Birth

Birthdate

Cause of death*

Place of Death*

Date and Time of Death

Sex
☐ M ☐ F

Height

Weight

Color of Hair

***Name of Hospital/Institution** (If death occurred here)

Length of Hospitalization

Questions	YES	NO	Please give details to "YES" Answers
1. How long did you know the deceased?			
2. Have you seen the corpse of the deceased?	☐	☐	
3. Was it the corpse of the person? Please give basis for your answer (e.g. identification marks).	☐	☐	
4. When were you first consulted for the condition which either directly or indirectly caused death? a. Give date of last visit b. who consulted you (the deceased, their relatives, or others).			
5. What was the immediate cause of death? (Please refer to the International List of Causes of Death.)			
6. How long did deceased suffer from this injury or illness? Please give basis for you answer.			
7. What are the contributory causes of death? Give below the duration of each. (Please refer to the International List of Causes of Death.)			

Disease / Injury	Duration

NAME OF THE DECEASED : _____

Last Name, First Name, Middle Name

Questions	YES	NO	Please give details to "YES" Answers
8. Was there any special connection (remote or proximate) between the death and the occupation, residence, habits or personal history of the deceased? If yes, state which and give particulars.	☐	☐	

Give below particulars of each condition for which you treated or advised the deceased during the last three years:

Date	Nature of Condition	Treatment	Duration

Give names and addresses of other physicians and other practitioners who to your knowledge attended to the deceased during the past three years.

Name	Address	Illness or Injury and Date

Questions	YES	NO	Please give details to "YES" Answers
9. Was death due to suicide, homicide, or accident?	☐	☐	
10. Was the deceased under the influence of liquor or drugs when the accident / suicide / homicide happened?	☐	☐	
11. Was there an official inquiry as to cause of death or a post-mortem examination on the body of the deceased? If yes, which, by whom and with what result?	☐	☐	

DECLARATION

I hereby certify that the answers and information given above are full, complete and true.

AUTHORIZATION

I further authorize the medical director of Pru Life Insurance Corporation of U.K. or any of its authorized representatives or other person in its employ, to obtain or secure from me or any clinic, hospital or entity all the medical records of the above-named patient. A photographic copy of this authorization is valid as the original.

PURPOSE STATEMENT

We will process the information you have provided in this form for the purpose of handling your patient's request in accordance with applicable privacy laws and regulations. During processing, we may share the information you provided to our authorized data processors, including couriers and contractors for anti-money laundering systems, photocopying, scanning, indexing and printing services. We may share any information provided with governmental and other regulatory authorities, or self-regulatory bodies in various jurisdictions as required or allowed by applicable laws and regulations. Any information collected may be retained by Pru Life UK and our authorized data processors until ten (10) years from the date of termination of the policy.

You may revisit our privacy policy through our website at (https://www.prulifeuk.com.ph/en/footer/privacy-policy/). For data privacy concerns, please contact our Data Privacy Officer at:Telephone: (632) 8887 5433 for Metro Manila, 1 800 10 7785465 via PLDT landline for domestic toll-free Email: dpo@prulifeuk.com.ph

_____ _____

Signature Over Printed Name of the Attending Physician | Date

Address : _____

License No: _____