Allianz PNB
LIFE INSURANCE

STATEMENT OF CLAIMANT FOR DEATH BENEFIT

Policy No. ☐☐☐ ☐☐☐ ☐☐☐

Every question must be completely answered and this form must be signed by all beneficiaries/claimants. The Company reserves the right to require further information should it be deemed necessary. Please write legibly and do not leave any blanks.

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 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 present or use the same, or to allow it to be presented in support of any claim.

INFORMATION ON ALL CLAIMANTS

(Please use a separate sheet if necessary)

CLAIMANT 1

Name _____

Date of birth (mm/dd/yyyy) _____ Relationship to the Insured _____

Address _____

Contact nos. _____ Email address _____ Nationality _____

Preferred payout option ☐ Check ☐ Fund Transfer to Claimant's account (fill-up Fund Transfer Agreement)

CLAIMANT 2

Name _____

Date of birth (mm/dd/yyyy) _____ Relationship to the Insured _____

Address _____

Contact nos. _____ Email address _____ Nationality _____

Preferred payout option ☐ Check ☐ Fund Transfer to Claimant's account (fill-up Fund Transfer Agreement)

CLAIMANT 3

Name _____

Date of birth (mm/dd/yyyy) _____ Relationship to the Insured _____

Address _____

Contact nos. _____ Email address _____ Nationality _____

Preferred payout option ☐ Check ☐ Fund Transfer to Claimant's account (fill-up Fund Transfer Agreement)

INFORMATION ON THE DECEASED

Full name _____

Residence at the time of death _____

Cause of death _____ Occupation at the time of death _____

Date of death _____ Place of death _____

Please state the cause of death and other facts pertaining to the manner of death

_____

Date when the deceased first complained of his/her last illness _____

Details of any previous illness ever suffered by the deceased _____

_____

Indicate which of the following Activities of Daily Living the insured was unable to perform unassisted prior to death and give date of onset:

☐ Ability to feed oneself _____ ☐ Ability to attend to own toilet needs _____

☐ Ability to get in and out of bed _____ ☐ Ability to wash and bathe oneself _____

☐ Ability to move from room to room _____ ☐ Ability to dress oneself _____

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Names, Hospital Affiliations and Contact nos. of physicians consulted by the deceased during the year prior to his/her death

_____

_____

_____

_____

Did the insured use intoxicating liquors to excess? Give details. _____

Was the insured a smoker? _____ If yes, how many packs a day did he/she consume? _____

OTHER INFORMATION

In what other companies and for what amounts was the deceased insured?

_____

Declarations

1. I/We hereby warrant the truth of the foregoing particulars in every aspect, and agree that if I have made, or if I shall make any false or untrue statement, suppression or concealment, my right to compensation shall be absolutely forfeited.
2. I/We understand that furnishing of this form and other claim forms by the Company does not constitute an admission that there is any insurance in force nor any liability under the Policy.
3. I declare that the proceeds of this policy, whether paid in check or deposited to the declared account, shall render Allianz PNB Life Insurance, Inc., its successors-in-interests and assigns, including its directors, officers, employees and agents, free and harmless from any further claim, demand or action whatsoever, which in law or equity I ever had, now have, or which I, my successors and assigns hereafter may have under this said application/policy.
4. I understand that any corresponding bank charges shall be charged to my account.
5. If I choose to convert my claim proceeds from Dollar to Peso, they will be paid out based on an exchange rate determined by the Bankers Association of the Philippines, with an additional spread.
6. I take full responsibility for the accuracy of the account details indicated in the Fund Transfer Agreement. Should there be any error(s) in the information, I understand that this will result to delays in the crediting of the claim proceeds and I hold Allianz PNB Life Insurance, Inc. free from any liability resulting from the erroneous information.
7. I have read and understood all declarations and agreements which are hereby given and made willingly and voluntarily and with full knowledge of my rights under the law.

AUTHORIZATION

I/We hereby authorize any physician, hospital, clinic, insurance company or other organization, institution or person, government institution or private company or entity that has any record or knowledge, to give to Allianz PNB Life Insurance, Inc. or its representative, any information whatsoever with reference to health, hospitalization, consultation, advice, examination, treatment or ailment, birth, death, marriage, employment and education of the Insured. A photocopy of this authorization shall be as effective and valid as the original.

That I hereby expressly authorize Allianz PNB Life Insurance, Inc. to obtain, collect, record, organize, store, update, modify, use, share, transfer, disclose and/or destroy ("Process"), whether manually or via electronic channels, any and all information, including personal and sensitive information, about me, the life to be insured, and/or my Policy/ies, to 1) facilitate, monitor and improve the quality of my Policy/ies and such services availed of by me, through programs including but not limited to offer of related products and services, customer satisfaction surveys, and statistical, actuarial and risk analyses, and 2) to comply with legal or regulatory obligations of Allianz PNB Life Insurance, Inc. under applicable local or foreign laws, rules and regulations relating to matters including but not limited to anti-money laundering, and tax monitoring/review/reporting. I also expressly authorize Allianz PNB Life Insurance, Inc. to share, transfer and/or disclose the said information to any of its intermediaries, subsidiaries, affiliates, service providers, partners and government agencies for the said purposes. I likewise promise to inform Allianz PNB Life Insurance, Inc. of any changes relating to my personal information.

I also understand that Allianz PNB Life Insurance, Inc. shall communicate with me primarily via electronic channels, i.e. email, SMS, and mobile and web applications. Policy contracts, official receipts and other similar documents will also be sent to me in electronic format if available.

☐ I prefer receiving communications from Allianz PNB Life Insurance, Inc. in paper format. I understand that the notices, disclosures, and similar documents received through mail and other non-electronic channels might be delayed and I will not hold Allianz PNB Life Insurance, Inc. responsible especially if the delay is due to circumstances beyond its control.

☐ I also expressly authorize Allianz PNB Life Insurance, Inc., to share, transfer and/or disclose my information to any of its subsidiaries, affiliates, and partners for offer for related products and services.

Signed at _____ this day of _____ 20_____.

_____
Printed name and signature of Claimant

_____
Printed name and signature of Claimant

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Printed name and signature of Claimant

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Printed name and signature of Claimant