Manulife

The Manufacturers Life Insurance Co. (Phils.), Inc.
Head Office: NEX Tower, 6786 Ayala Avenue, Makati City, 1229 Philippines
Customer Care: +632 8884 7000
Domestic Toll-Free: 1 800 1 888 6268
Website: www.manulife.com.ph
Email:phcustomercare@manulife.com

Attending Physician's Statement (Death Claim)

Policy Number _____

Physician's Information

Name of Physician (Last, First, MI)

Hospital Address (Number, Street, Bldg, Barangay, Town/City, State, Country, ZIP Code)

Email Address	Mobile Number

Declaration and Details of Claim

Full Name of Deceased (Last, First, Middle)

Date of Death (mm/dd/yyyy)	Place of Death	Cause of Death

Cause of Death

A. Decease 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 (contributing to the death but not related to the disease or condition causing death)

Is the death due to accident, suicide or homicide? ☐ Yes ☐ No If yes, specify and describe briefly.

How long have you known the deceased? _____ What were the symptoms first noticed by deceased? _____

What was your diagnosis?

Were you able to inform the deceased of your diagnosis? ☐ Yes ☐ No How long did the deceased suffer from the ailment? _____

Physicians to your knowledge who attended to the deceased for any illness:

Name	Address	Date (mm/dd/yyyy)	Reason/Treatment

Other hospitals/clinics to your knowledge where the deceased was treated:

Hospital/Clinic	Address	Date (mm/dd/yyyy)	Diagnosis

Declaration and Certification

I hereby certify that the above statements are true and complete to the best of my knowledge and belief and based from available records.

I authorize Manulife's Medical Doctor or any of his authorized representative/s or other person/s in Manulife's employ or under contract with Manulife to request and/or secure from me or any medical practitioner/facility/hospital/clinic or any entity, the medical records of the insured (above named patient). I agree that a photographic copy of this authorization shall be valid as the original.

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

_____	_____	_____	_____
Physician's Signature over Printed Name	PRC Number	Date (mm/dd/yyyy)	Place Signed

_____	_____	_____
Financial Adviser/Witness Signature over Printed Name	FA Code	Date (mm/dd/yyyy)