



ATTENDING PHYSICIAN'S STATEMENT

(In proof of death of \_\_\_\_\_ submitted to BPI-Philam Life Assurance Corp. at the instance of the claimant/s on Policy No. \_\_\_\_\_).

I, \_\_\_\_\_, a graduate of \_\_\_\_\_, in the year \_\_\_\_\_, with License No. \_\_\_\_\_, hereby truthfully and voluntarily state as follows:

- 1 a) Full name of the deceased: \_\_\_\_\_
b) Last Residence of the deceased: \_\_\_\_\_
c) From physical findings & appearances, what would you judge to be the age of the deceased? \_\_\_\_\_
d) What identifying marks have you noticed in the body of the deceased, say a mole or scar on any part of the body? \_\_\_\_\_

- e) Do you know the deceased personally? \_\_\_\_\_
2 a) Did you attend to the deceased during his last illness? \_\_\_\_\_
b) If so, for what disease? \_\_\_\_\_
c) When was your first attendance and what were the deceased's complaint? \_\_\_\_\_
d) What was your diagnosis then and what treatment did you give to the deceased? \_\_\_\_\_
e) Did you inform the deceased of your diagnosis? \_\_\_\_\_
f) How many times did you attend to the deceased during his last illness? \_\_\_\_\_
g) Who called you or accompanied the disease for treatment? \_\_\_\_\_

- 3 a) What disease was the immediate cause of death? \_\_\_\_\_
b) What were the first indications of failing health? \_\_\_\_\_
c) Give date and hour when they were first noticed by deceased? \_\_\_\_\_
d) For how long before death was the deceased confined to house or prevented from attending to business? \_\_\_\_\_
e) For how long was the deceased bed-ridden? \_\_\_\_\_

- 4 a) Did you attend to the deceased for any other illness? \_\_\_\_\_
b) If so, for what disease? \_\_\_\_\_
c) When was the on set of the illness? \_\_\_\_\_
d) When was your other attendance and what disease? \_\_\_\_\_

Table with 2 columns: Date, Disease / Illness

- e) Did you inform the deceased of your diagnosis? \_\_\_\_\_
f) Other physicians who attended to the deceased for any other illness the insured suffered:

Table with 4 columns: Name of Physician, Address, Date, Nature of Disease

- g) Other hospitals or institutions where deceased was confined for any cause:
Table with 4 columns: Name of Hospital, Address, Date, Nature of Disease

- 5 a) Did you personally see the remains of the deceased? \_\_\_\_\_
b) What apparent or external signs (contusion, abrasions, etc.) have you noticed in the body? \_\_\_\_\_
c) Was the death due to suicide, homicide/murder or accident? (Please stated which and describe briefly). \_\_\_\_\_
d) Date and place of death: \_\_\_\_\_
e) Was there an autopsy or other post-mortem examination made on the body of the deceased? \_\_\_\_\_

- 6 a) Would you swear to the truth of the foregoing? \_\_\_\_\_

Done at \_\_\_\_\_ on \_\_\_\_\_.

Witnessed by:

Printed Name & Signature Physician's Name & Signature

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by the above claimant who exhibited to me his / her valid identification/s, to wit \_\_\_\_\_.

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NOTARY PUBLIC
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