



## ATTENDING PHYSICIAN'S STATEMENT – DEATH CLAIM

Note: Kindly submit this form to Generali Life Assurance Philippines, Inc., (GLAPI) duly completed by a qualified and registered physician.

### DECEASED PATIENT'S DETAILS

Last Name		First Name		Middle Name	
Address					
Date of Birth (MM/DD/YYYY)	Place of Birth			Age	Status
Date of Death	Place of Death				
Cause of Death Immediate Cause					
Antecedent Case					
Underlying Cause					
Other significant factors contributing to death					
How long has the deceased been your patient?					
If you attended to the deceased during the last illness, please answer the following questions: Date of first consultation			Diagnosis		
Initial signs and symptoms noticed by the deceased					
Duration of the disease or illness and inclusive date/s of treatment					
Did you personally inform the deceased of your findings and diagnosis? If so, when?					

### PLEASE GIVE DETAILS OF THE DECEASED'S PREVIOUS HEALTH CONDITIONS TO WHICH YOU ATTENDED PRIOR TO LAST ILLNESS:

Date of Attendance	Diagnosis	Treatment/Procedure

How long before death was the deceased confined to house or prevented from attending to business or occupation?
How long was the deceased bedridden?

### ARE YOU AWARE OF ANY OTHER CONSULTATION OR CONFINEMENT OF THE DECEASED FOR ANY ILLNESS OR INJURY? IF SO, PLEASE PROVIDE INFORMATION BELOW:

Date of Attendance	Name of Physician/Address	Medical Institution/Address	Diagnosis/Treatment/Procedure

Did you personally see the remains of the deceased?
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Was there an autopsy or any other post-mortem examination made on the body of the deceased?

Please enclose copies of specialist or hospital reports together with any tests or similar evidence to support the validity of the claim.

**I HEREBY CERTIFY** that the above statements are true and complete to the best of my knowledge and belief.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF PHYSICIAN

\_\_\_\_\_  
QUALIFICATION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CONTACT DETAILS

SUBSCRIBED AND SWORN to me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ by the above claimant who exhibited to me his/her Residence Certificate No. \_\_\_\_\_ issued at \_\_\_\_\_ on \_\_\_\_\_.

Doc No. \_\_\_\_\_ Book No. \_\_\_\_\_

Page No. \_\_\_\_\_ Series of \_\_\_\_\_

My Commission expires on \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC