



CLAIMANTS' STATEMENT (COCONUT FARMERS GROUP LIFE INSURANCE)

(This form must be accomplished by the person/s to whom the Insurance is payable. If the Insurance is payable to a minor/s, the statement must be accomplished by the guardian. Please do not leave any blanks.)

Requirements:

- Insurance certificate
- Death Certificate – original or certified true copy with OR (official receipt)

If spouse still alive –

- Marriage Certificate of insured and spouse
- Valid ID of the spouse
- Claimant's Statement signed by the spouse

Otherwise:

- Death Certificate of Spouse
- Joint Affidavit of Heirship from two (2) disinterested person stating ALL children of insured.
- Valid ID of ALL surviving children/heirs
- Waiver of Rights signed by other children/heirs in favor of the claimant
- Birth Certificate of the claimant
- Claimant's Statement signed by the claimant

Note:

Additional requirements may be requested depending on the circumstances and evaluation of our Claims Department.

1. Full Name of Deceased: _____ Cert. No. _____
2. Date of Birth: _____ Date of Death: _____
3. Residence at Death: _____
4. Cause of Death: _____
5. Declarations:

The statements herein are true and correct to the best of my / our knowledge and belief. I/We understand that anything done or to be done by the United Coconut Planters Life Assurance Corporation, including any investigation, shall not constitute nor be considered an admission that there was any insurance in force on the life in question, nor a waiver of any of its rights and defenses. Furthermore, these statements will authorize United Coconut Planters Life Assurance Corporation and/or its authorized representative/s to secure whatever information or records from any Government or Private Agencies pertinent to the death of the above Deceased-Insured. It is also understood that any action taken by any Government or Private Agency in connection with this authorization, releases it or any and all members of its staff from any responsibility or obligations, in accordance with law, in connection with the release of such record or information.

Dated at _____ this _____ day of _____ 20 ____

FULL NAME OF CLAIMANT(S) / HEIR(S)	RELATIONSHIP TO DECEASED	SIGNATURE
COMPLETE ADDRESS	CIVIL STATUS	CONTACT NO. / E-MAIL ADDRESS

"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."

REPUBLIC OF THE PHILIPPINES)
CITY/MUN. OF _____)

AFFIDAVIT OF HEIRSHIP

We the undersigned, all of legal age, Filipinos and residents of _____,
after being duly sworn to, hereby depose and say:

That we are children/heirs of the deceased-insured _____, and his/her
deceased-spouse _____;

That our parents were survived by the following children/heirs:

Full Names of Children/heirs	Dates of Birth
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

That we are executing this affidavit in good faith and to attest to truth that there is no other heir or
heirs except for the above-named heirs of the said deceased spouses.

Name of Affiant	Signature	CTC No.	Issued At	Issued On
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

SUBSCRIBED AND SWORN to before me this ____ day of _____ 20__ at _____.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

Notary Public

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AUTHORIZATION

I/We, heirs of the late _____ with Certificate No. _____ of
_____ Chapter _____, hereby constitute _____, as Agent to
do any or all of the following acts and deed:

1. To represent us before your Company and make follow-ups on our insurance claims.
2. To receive the insurance checks in our behalf;
3. To execute, for and in our behalf, a release or quitclaim in favor of COCOLIFE releasing your insurance company from any liability under the above-mentioned policy; and for this purpose to execute and deliver the forms necessary for the Release and Satisfaction of Claims;
4. To do such other acts and deeds necessary to execute the foregoing.

Printed Name
1. _____
2. _____
3. _____
4. _____
5. _____

Signature
1. _____
2. _____
3. _____
4. _____
5. _____