## Death Abroad Questionnaire



Please <u>PRINT</u> clearly.										
Name of Insured now deceased								Policy Number(s)		
Particulars Relating to the Deceased Insured										
Other names by which the insured was known					Date of Birth			F	Place of Birth	
,										
Address Abroad										
Passport Number Date passport w			t was issued			Pla	Place passport was issued			
Date insured left Philippines	Ir	Intended duration of visit				Purpose of visit				
Details of Accident										
How did the accident occur?										
Who witnessed the accident? (Please give names and addresses)										
Name				Name						
Address				Address						
Was a police investigation carried out? Contact No. or Email Address of P					Police Station   Please give the names of the officers involved.					
☐ Yes ☐ No										
To which hospital was deceased taken? Was there an autopsy? What were the findings?										
Name and address of doctor certifying death										
Name Address										
Details of Illness										
Nature of Illness										
Name and adddress of medical attendant during last illness  Name Address										
, Address										
Name of doctor certifying death				D	Doctor's Email Address			C	Contact No.	
Name of hospital (if applicable)										
Signatures										
I hereby declare that the foregoing are true to the best of my knowledge and belief.										
Signature of Claimant Printed Name								Date		
Address										
Signature of Witness Printed Name									Date	
X Address										
Occupation	(	Contact No.								