



Notice of Death of Policy Owner with Contingent Owner

Policy Number: _____
Name of Contingent Owner (CO): _____ Name of Insured: _____
Relationship of CO to Policy Owner _____ Relationship of CO to Insured: _____

Name of Policy Owner (Deceased):	Date of Death:
Cause of Death:	Place of Death:
Date and Place of Interment:	Name and Contact Number of Memorial Service Provider:

Details of Illness: (Please answer each item, if death is due to illness. If not applicable, write N/A)

Nature of Illness:	Name and Address of Clinic/Hospital of last Confinement:
Names and addresses of all Medical Doctors who attended to the Policy Owner during the last illness:	
<u>Name of Physician</u>	<u>Clinic/Hospital Name and Contact Number</u>
1. _____	1. _____
2. _____	2. _____

Details of Accident: (Please answer each item, if death is due to accident. If not applicable, write N/A)

Date and Time of Accident:	Place of Accident:
Name and Address of Clinic/Hospital where policy owner was given medical aid:	
Name and addresses of all Medical Doctors who attended to the Policy Owner during the accident:	
<u>Name of Physician</u>	<u>Clinic/Hospital Name and Contact Number</u>
1. _____	1. _____
2. _____	2. _____
What was the policy owner doing before the accident happened? (Please include the place where the deceased was and person/s he/she was with before the accident.)	
What happened during the accident? (Please provide complete details including the person/s present during the accident.)	
What was the perceived cause of the accident?	
Was a police investigation conducted on the accident? If yes, please submit Certified True Copy of the Police Investigation Report and copy/ies of Statement/s of Witness/es. If no, please explain why no such investigation was made.	
Was an autopsy conducted on the body of the deceased? If yes, please submit autopsy report or other post-mortem examination. If no, please explain why autopsy was not conducted.	

When I submit a request relating to my insurance policies, I am aware of the need to disclose required personal information and sensitive personal information to Insular Life relating to myself as the contingent owner, or the insured, or the beneficiaries, to enable the Company to process, administer and maintain my policies. I hereby allow the processing and sharing of such information to our subsidiaries, affiliates, agents, any medical information sharing facility, and other third parties for any legitimate purpose, including but not limited to underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, and examinations by regulators, internal and external auditors. I also confirm that I have sought the consent of the insured or the beneficiaries, as may be applicable.

We hereby authorize The Insular Life Assurance Co., Ltd. ("Company") or its authorized representative to secure from any employer, physician, hospital or any medical related facility, and any government organization or persons who have information or record regarding the illness or injury for which the deceased was treated or examined. Likewise, we authorize the Company to secure personal information from any government institution, employer, organizations or persons related to this notification. This authorization is being made in connection with any transaction on the insurance policy issued by said insurance company on the life of the deceased Policy Owner. We discharge the Company or any authorized member of the Company from any responsibility or obligation in connection with the release of such record or information.

Done at _____ this _____ day of _____, 20_____

Signature over printed name
of Contingent Owner

Signature over printed name
of Insured/Parent or Guardian of Insured
(If the Insured is below 18 years old)

WARNING: It is unlawful (a) to present or cause to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and (b) to fraudulently prepare, make or subscribe any writing with intent to present or use the same, or to allow it to be presented in support of any claim. Such acts shall be punishable by a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court. (Section 251, Insurance Code.)