The Insular Life Assurance Company, Ltd.
Insular Life Corporate Centre, Insular Life Drive
Filinvest Corporate City, Alabang, 1781 Muntinlupa City
E-mail: headofc@insular.com.ph I Website: www.insularlife.com.ph
Tel.: (632) 8-582-1818 | VAT REG. TIN 000-464-124-000

Notice of Death of Policy Owner with Contingent Owner

Note: This form is applicable to multiple policies with same transaction.

Policy Number/s:_____

Name of Contingent Owner (CO): _____ Name of Insured: _____

Relationship of CO to Policy Owner _____Relationship of CO to Insured:_____

1. ***Declaration***. All of the following answers and statements are true, complete & correct according to my/our personal knowledge & belief

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:
Name and Address of all Medical Doctors who attended to the Policy Owner during the last illness:	
Name of Physician	Clinic/Hospital Name and Contact Number
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 Address of all Medical Doctors who attended to the Policy Owner during the accident:	
Name of Physician	Clinic/Hospital Name and Contact Number
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 of the other post-mortem examination. If no, please explain why autopsy was not conducted.	

2. ***Data Privacy Statement***. I/We understand that as a financial institution, InLife is subject to existing and future government regulations. I/We therefore agree to be bound by all applicable domestic and international laws in relation to any matter including but not limited to anti-money laundering, tax monitoring and data privacy.

   Through this Notice of Death of Policy Owner with Contingent Owner Form, I/we give consent to InLife to collect personal and sensitive information within the form, such as, but not limited to, name, address, mobile number and government ID's, health data respectively. The personal information & sensitive personal information will be used solely for any legitimate purpose, including the underwriting and administration of insurance coverage and claims, marketing and promotion of products, market research, data analytics and automated processing systems, internal and external audits, and such activities for which my/our personal information may be required in fulfillment of mandated services across my/our entire life stages. I/We likewise give my/our consent to InLife to share my/our personal information with their subsidiaries, affiliates, agents, and medical information sharing facility of the insurance industry and accredited third parties only.

I/We hold InLife free and harmless from any liability that may arise from any collection, use, disclosure, destruction or sharing of said information.

I/We understand that InLife values my/our rights as data subjects under the Data Privacy Act and in case I/we need to exercise such rights, I/we can contact dataprivacy@insular.com.ph. I/We also understand that I/we can refer to InLife's Privacy Policy at www.insularlife.com.ph/privacy-policy to know more about how my/our personal data are processed.

3. ***Authorization***. In relation to the claims application for the illness, injury and/or death of the Policy Owner of Insured under this/these Policy/ies. I hereby authorize The Insular Life Assurance Co., Ltd. ("Company") or its authorized representative to secure any information and/or record belonging to the Policy Owner or Insured, as the case may be, under this/these Policy/ies pertaining to the following:

    1. Financial, employment/business/livelihood;
    2. Health, both physical and mental;
    3. Lifestyle;
    4. Court (criminal, civil or administrative) records;
    5. Personal; or
    6. Other corcumstances

from any of his/her employers, business partners, co-employess, staff, consultants, physicians, or from any hospitals, clinic, health maintenance organization, diagnostic center, laboratory or any similar medical facility, any private or government agency or institution, organization, insurance industry association or from any individual person that may have knowledge, access to or custody of any such information or record.

I likewise authorize the foregoing individuals or entities that have/had knowledge, access to or custody of any of the above mentioned information or record to disclose and release the same to Insular Life or its representative and further hereby discharge them from any responsibility, obligation or liability arising out of or in connection with such disclosure and release of the information or record.

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.)