



**1 COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES LIFE AND GENERAL INSURANCE**

Email Add: [claimslife@1cisp.coop](mailto:claimslife@1cisp.coop)

**CLAIMANT'S STATEMENT FORM**

To: 1 Cooperative Insurance System of the Philippines Life and General Insurance

I hereby claim for benefit under the policy/policies of this company, numbered as follows: \_\_\_\_\_. All the following answers and statements are true, complete and correct according to my personal knowledge and belief. I understand that the furnishing of this form and other claim forms by the company does not constitute an admission that there is any insurance inforce.

<p><b>I. INSURED'S INFORMATION</b></p> <p>1. (a) Full name of deceased (Given Name, Middle Name, Last Name) _____</p> <p>(b) Birthdate and Birthplace of deceased: _____</p> <p>(c) Address: _____</p> <p>(d) Occupation: _____</p> <p>(e) Name of Employer and Address (if any) _____</p> <p>2. (a) Date of Death: _____</p> <p>(b) Place of Death: _____</p> <p>(c) Cause of Death: _____</p> <p>(d) Date and Place of Interment: _____</p> <p>3. (a) Date the deceased first complain of last illness. _____</p> <p>Give indications: _____</p> <p>(b) Names and addresses of all physicians who attended the deceased: _____</p> <p>(c) Names and contact numbers of all medical institution or hospitals where deceased was treated: _____</p> <p>4. If deceased was insured with other companies, please list down.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Name of Company</th> <th style="width:33%;">Policy No.</th> <th style="width:33%;">Amount of insurance</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name of Company	Policy No.	Amount of insurance										<p><b>II. BENEFICIARY/IES INFORMATION:</b></p> <p>1. (a) Full of name of beneficiary (Given Name, Middle Name, Last Name) _____</p> <p>(b) Date of Birth _____</p> <p>(c) Address _____</p> <p>(d) Contact Number _____</p> <p>2. Please state your relationship to the deceased such as son, daughter, father, mother, etc. _____</p> <p>3. Are you a designated beneficiary? If answer is NO, please state in what capacity are you filing this claim form: _____</p> <p>4. If you are filing this claim in behalf of minor beneficiary/ies, please give their names and dates of birth and your relationship to them. (State if you are father, mother, grandmother, stepfather, etc.) _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">MINORS NAME</th> <th style="width:33%;">BIRTH DATE</th> <th style="width:33%;">YOUR RELATIONSHIP</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>5. As father/mother of said minor/s, have you not been disqualified by a court of law from exercising the right to administer the property of each minor/s? YES _____ NO _____ If YES, for what reason? _____</p> <p>6. Is/Are the same minor/s under your actual custody and support? YES _____ NO _____ If YES, for what reason? _____</p> <p>7. Are there other beneficiaries? YES _____ NO _____ If YES, who are they?</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">Name</th> <th style="width:33%;">Birthdate</th> <th style="width:33%;">Relation to the Insured</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	MINORS NAME	BIRTH DATE	YOUR RELATIONSHIP										Name	Birthdate	Relation to the Insured									
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**NAME AND SIGNATURE OF WITNESS**

Address of Witness: \_\_\_\_\_  
Contact # of Witness: \_\_\_\_\_

SUBSCRIBE AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ by the above claimant who exhibit to me his/her Residence Certificate No. \_\_\_\_\_ Issued at \_\_\_\_\_ on \_\_\_\_\_ . DOC NO. \_\_\_\_\_

PAGE NO. \_\_\_\_\_  
BOOK NO. \_\_\_\_\_  
SERIES OF 20 \_\_\_\_ \_\_\_\_\_

**NOTARY PUBLIC**

/ClaimsDepartmentForm2018

**NAME AND SIGNATURE OF CLAIMANT**

Signed at \_\_\_\_\_  
This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**CLAIMANT'S AUTHORIZATION**

To Whom It May Concern:

This authorizes Cooperative Insurance System of the Philippines or its authorized representative to secure whatever information or record you may have regarding the deceased, \_\_\_\_\_, who has been treated or examined in your hospital/clinic, \_\_\_\_\_. This authorization is being made in connection with any claim on the insurance policy issued by said company on the file of the deceased.

This authorization discharges you or any authorized member of your staff from any responsibility or obligation in connection with the release of such record or information.

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

**WITNESS**

**BENEFICIARY / CLAIMANT**

**WITNESS**

**BENEFICIARY / CLAIMANT**

**IMPORTANT REMINDER: Forms not filled up accordingly will be returned.**

/ClaimsDepartmentForm2022

1CISP values the trust and confidence you have bestowed upon us by choosing us to be your partner in securing your future. Thus, we strive hard to fully comply with existing laws and regulations such as:

- In accordance with the Insurance Commission's Circular Letter No. 2016-54, your medical information will be uploaded to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud. Once, uploaded, all life insurance companies will only have limited access to your information in order to protect your right to privacy in accordance with law. A copy of Circular Letter No. 2016-54 may be accessed at the Insurance Commission's website at [www.insurance.gov.ph](http://www.insurance.gov.ph).
- In compliance with the Credit Information System Act, please be informed that should you have any insurance related transactions with us, 1CISP is mandated to share your basic credit data including related updates/corrections to the Credit Information Corporation (CIC) and other entities authorized under the law, even without your consent.
- In compliance with RA-10173 also known as the Philippine Data Privacy Act of 2012, whose implementing Rules and Regulations took effect on September 9, 2016 and its Implementing Rules and Regulations (IRR) effective since September 8, 2016, I allow 1 Cooperative Insurance System of the Philippines Life and General Insurance (1CISP) to provide me certain services declared in relation to the insurance policy/ies I purchased.

As such, I agree and authorize 1CISP to:

1. Continue to use my personal information to process insurance related transactions and administer the benefits as stated in the Group Insurance Contract.
2. Retain my personal information for a period of seven (7) years from the date of termination of my policy, or at such time that I submit to 1CISP a written cancellation of this consent, whichever is earlier. I agree that my information will be deleted/destroyed after this period.
3. Retain my health information in the Medical Information Database shared with other life insurance companies in accordance with the Insurance Regulation.
4. Share my personal information to affiliates and necessary third parties for any legitimate business purpose. I am assured that security systems are employed to protect my information.

I also acknowledge and warrant that I have acquired the consent from all parties relevant to this consent and hold free and harmless and indemnify 1CISP from any complaint, suit, or damages which any party may file or claim in relation to my consent.

Signed this \_\_\_\_ day of \_\_\_\_\_ 20\_\_ at \_\_\_\_\_ City.

\_\_\_\_\_  
Signature over Printed Name of Beneficiary

\_\_\_\_\_  
Signature over Printed Name of Coop Authorize Representative

Should you have questions or concerns about this consent form, please call 924-0471; 923-0739 or email us at [support@cisp.coop](mailto:support@cisp.coop)

For more information on how 1CISP protects its data, you may visit our Privacy Statement at [www.cisp.coop](http://www.cisp.coop) or type this link to your browser: <http://www.cisp.coop>

## CONSENT

Kindly check ( / ) appropriate box to indicate your consent.

YES, I allow 1CISP and it's third party agents (ex. Financial Advisor) to use my personal information for future customer campaigns.

NO, I do not allow 1CISP and it's third party agents (ex. Financial Advisor) to use my personal information for future customer campaigns.

\_\_\_\_\_  
Signature over Printed Name of Beneficiary