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

Email Add: claimslife@1cisp.coop



## **CLAIMANT'S STATEMENT FORM FOR HOSPITAL INCOME BENEFIT**

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 in force. NATURE OF CLAIM (please check): HOSPITAL INCOME BENEFIT CLAIM (HIB) TOTAL PERMANENT DISABILITY CLAIM (TPD) MEDICAL REIMBURSEMENT CLAIM (MDR) INSURED'S INFORMATION 1. Full name (Given name, Middle Name, Last Name) Address: Occupation: Date of Confinement / Incident: Name of Hospital where the insured in confined: Cause of Confinement: Date of Admission in the Hospital: Date of Discharge from the Hospital: No. of days confined in the hospital: Name of Physician attended: Names and contact numbers of all medical institution or hospitals where insured is confined and treated: Names and contact numbers of all medical institution or hospitals where insured is confined and treated: NAME AND SIGNATURE OF WITNESS NAME AND SIGNATURE OF CLAIMANT Address of Witness: Contact No. of Witness:\_ \_\_\_\_ day of \_\_ \_\_\_20\_\_\_. SWORN to before me this \_ DOC. NO. PAGE NO. BOOK NO. SERIES OF 20 **NOTARY PUBLIC CLAIMANT'S AUTHORIZATION** To Whom It May Concern: This authorizes 1 Cooperative Insurance System of the Philippines Life and General Insurance or its authorized representative to secure whatever file of the insured. 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. this dav of Signed at WITNESS **BENEFICIARY / CLAIMANT** 

(Signature Over Printed Name)

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

(Signature Over Printed Name)