



3rd Flr. Morning Star Center,
347 Sen. Gil Puyat Avenue, Makati City
Tel. No. 890-1758* Fax No. 895-8524

IDENTIFYING WITNESS' STATEMENT

This Statement must be executed by a competent person who (a) is of legal age, (b) has personal knowledge of the facts of the deceased's death; and (c) is not an interested party to the claim.

I, _____, a resident of _____

HEREBY CERTIFY that the answers to the following questions are true and correct to the best of my knowledge and belief:

- 1. Full Name of the Deceased: _____
- 2. Date of Birth of the Deceased: _____
- 3. Residence of the deceased during your acquaintance: _____
- 4. Name of Employer/Union/Association and address: _____
- 5. Occupation(s) of the deceased during the last five (5) years prior to death: _____
- 6. Date of Death: _____ Place of Death: _____
- 7. Cause of Death: _____
- 8. Did you view the body of the deceased after death? _____
- 9. Date of Interment: _____ Place of Interment: _____
- 10. How long have you known the deceased? _____
- 11. Do you know the deceased to be the person insured in the Certificate/Policy of Insurance? _____
- 12. What is your age? _____ What is your occupation? _____
- 13. How long have you resided at your present address? _____
- 14. Are you, in any way, related to the deceased? _____
- 15. Do you have, directly or indirectly any interest in the proceeds of any insurance on the life of the deceased? _____

Dated _____ this _____ day of _____, _____.

WITNESSED BY:

Signature over Printed Name

Signature of Identifying

Address

Address