



Paramount Life & General Insurance Corporation

11th Floor, Sage House, 110 V.A. Rufino Street,
Legaspi Village, Makati City, 1229, Philippines
Telefax: 772-9264
Email: directmarketing@paramount.com.ph

Madaling Kausap.

**PARAMOUNT LIFE & GENERAL INSURANCE CORPORATION
CLAIMANT'S AUTHORIZATION
(Death Claim)**

I hereby authorize any Physician or Hospital, Sanitarium, or other Institution to furnish Paramount Life & General Insurance Corporation, through its representative, any information and records concerning the deceased, _____.

A facsimile or reproduction of this Authorization shall be as valid and binding as the original.

Dated at _____ this ____ day of _____, 20 ____.

Name in Print of Witness

Name in Print of Claimant

Signature of Witness

Signature of Claimant

Relationship to Deceased

Relationship to Deceased

Address

Address

Tel. No. / Mobile No.

Tel. No. / Mobile No.

NOTE:

If claimant is not related to the insured, the witness must be the deceased's next of kin. Signature is understood to be his/her own authorization in addition to the claimant's authorization.