



**Paramount Life & General  
Insurance Corporation**

11th Floor, Sage House, 110 V.A. Rufino Street,  
Legaspi Village, Makati City, 1229, Philippines  
Telefax: 772-9264  
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# Madaling Kausap.

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

I hereby authorize any Physician or Hospital, Sanitarium, or other Institution/s to furnish Paramount Life & General Insurance Corporation. through its representative, any information and records concerning my previous and present medical admission, treatment and consultation.

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

\_\_\_\_\_  
Name in Print

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address