



COOPERATIVE INSURANCE SYSTEM OF THE PHILIPPINES

No. 80 Malakas Street, Pinyahan, Central District, Quezon City

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PHYSICIAN'S STATEMENT FOR DEATH CLAIMS

NAME OF DECEASED	
RESIDENCE AT DEATH	
APPARENT AGE AT DEATH	
DATE OF DEATH	
PLACE OF DEATH	

1 What was the immediate cause of death? _____

2 What factors / disease contributed to the cause of death? _____

Duration of contributory causes? _____

3 What was the first indication of failing health? _____

When were they first noticed? _____

4 Were there any other disease/s suffered by the deceased? _____

If yes, kindly mark them from the choices below and indicate when were they diagnosed. If they are not found from the selection, you may place them on the space provided.

- | | |
|-------------------------|---------------|
| _____ Hypertension | Others: _____ |
| _____ Diabetes Mellitus | _____ |
| _____ Heart Disease | _____ |
| _____ Kidney Disease | _____ |

Would you know if the deceased suffered from any congenital disease/s? **YES** **NO**

If yes, kindly specify _____

5 Was the deceased bedridden prior to his/her demise? **YES** **NO**

If Yes, since when? _____

If No, was the deceased prevented from attending to his daily work activities prior to his demise? _____

6 When did you first attended the patient? _____

Date of FIRST attendance in last illness? _____

Date of LAST attendance in last illness? _____

7 Was there any evidence that would indicate that the deceased died of suicide or foul play such as murder? **YES** **NO**

If Yes, kindly specify? _____

8 Did you personally see the remains of the deceased? **YES** **NO**

If not, who did? _____

Complete Name, Address and Contact Number of the Informant:

9 Was there any autopsy done? If yes, state which, by whom and what were the findings?

I hereby certify to the best of my knowledge that the above statements are true and correct.

SIGNATURE OVERPRINTED NAME

FULL NAME OF ATTENDING PHYSICIAN:	
LICENSE NO.	
SIGNATURE:	
CLINIC ADDRESS AND CONTACT NUMBER/S:	

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

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