Death Abroad Questionnaire

Sun Life Financial

Please PRINT clearly.

Name of Insured now deceased	Policy Number(s)

Particulars Relating to the Deceased Insured

Other names by which the insured was known	Date of Birth	Place of Birth

Address Abroad		
Passport Number	Date passport was issued	Place passport was issued
Date insured left Philippines	Intended duration of visit	Purpose of visit

Details of Accident

How did the accident occur?

Who witnessed the accident? (Please give names and addresses)

Name	Name
Address	Address

Was a police investigation carried out? ☐ Yes ☐ No	Contact No. or Email Address of Police Station	Please give the names of the officers involved.

To which hospital was deceased taken?	Was there an autopsy? ☐ Yes ☐ No	What were the findings?

Name and address of doctor certifying death

Name	Address

Details of Illness

Nature of Illness

Name and adddress of medical attendant during last illness

Name	Address

Name of doctor certifying death	Doctor's Email Address	Contact No.

Name of hospital (if applicable)

Signatures

I hereby declare that the foregoing are true to the best of my knowledge and belief.

Signature of Claimant X	Printed Name	Date

Address

Signature of Witness X	Printed Name	Date

Address

Occupation	Contact No.