COLONIAL LIFE
INSURANCE COMPANY [TRINIDAD] LIMITED

Individual ☐
Group ☐

# CLAIM FOR DEATH BENEFIT

Ref No_____

It is hereby admitted and agreed that this Certificate of Dr. _____ shall be considered as part of the Proof of Death under Policy No._____ in accordance with the conditions of said Policy.

## PHYSICIAN'S STATEMENT

The Physician will greatly aid the claimant in securing prompt action on the claim by giving the following questions full and complete answers in accordance with the instructions given below.

1. INSURED
First Name Middle Name
Last Name

2. ADDRESS: _____
No. street city country

3. DATE OF BIRTH:____/____/____ DATE OF DEATH:____/____/____ SEX: MALE ☐ FEMALE ☐ Apparent Age_____
month day year month day year

4. Place of Death? If death occurred in a Hospital or Institution, give name. _____

5 (a) Cause of Death. _____

(b) Contributed by Secondary to or complicated with _____

Duration from personal knowledge. Years _____ Months _____ Days _____

Duration from History given. Years _____ Months _____ Days _____

6. Date of your first visit in last illness? _____/_____/_____
month day year

7. How long has deceased been ill when you were called to attend in that illness? _____

8. Was Deceased afflicted with infirmity, deformity or chronic disease? _____

If so, please specify. _____

9. Was there an inquest or Post Mortem examination? YES ☐ NO ☐

10. Please state the Diseases for which you attended Deceased and date of attendance other than that asked in Questions 5, 6, and 7.

From ____/____/____ to ____/____/____ for _____ duration _____
month day year month day year

From ____/____/____ to ____/____/____ For _____ Duration _____
month day year month day year

I hereby certify that the answers as above recorded are complete and true to the best of my knowledge and belief.

Signature of Physician _____ Date _____

NOTE: Claimants are bound to produce, at their own expense such medical testimony as to cause of death, duration of disease, etc., as may be required by the Company. If an inquest be held, the Coroner's certificate and a copy of the evidence must be produced when requested.

## UNDERTAKER'S CERTIFICATE

I _____ do certify that I am an Undertaker, residing at _____

_____ and as such Undertaker, I attended the funeral of _____

and he was interred in _____ on the _____ day of _____

at _____

Signed _____