



Beneficiary Claim Form

We know this is a difficult time for you and we'd like you to know we're with you. This claim is important to you, that's why we're here to help you through this.

Please fill out this form, along with the other required documents, and send it via email to AskMe@troo.life.

Once submitted, we'll update you on the status of your claim through your mobile number and/or email address.

This form is to be filled in by the Claimant of legal age. Please do not affix your signature on a blank form. No fees, commission, or charges of whatever nature are payable to employees of Troo in respect of this claim.

If you have further questions or concerns, please feel free to reach us directly via any of the following:

Email: AskMe@troo.life
Mobile: 0917.6314305 or 0917.5451683
Landline (Duo): (02) 7215.0275 or (02) 7616.6747

Warning: Filing of fraudulent claim is penalized by law Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

Mandatory Requirements

- Beneficiary Claim Form**
This must be clearly and completely filled out by the beneficiary of legal age. Any minor beneficiary, below 18 years of age, may be represented and signed for by the parent/s or the designated trustee.
- Death certificate**
Issued by the Local Civil Registrar of the place of death, duly registered bearing the signature and seal of the Civil Registrar Office. The death certificate must be an original or certified true copy.
- One (1) valid identification card (with picture and signature) of the claimant/s**

Conditional Requirements

For **contestable claims** - claims made with the insurer within the first two years of the policy from the effective date or reinstatement date

- Attending Physician's Statement**
- Complete Medical Records (Certified True Copies)**
Including history of past/present illness, diagnostic & laboratory procedures with results, admission & discharge summary, clinical abstract, etc.

For Minor Beneficiaries

- Birth Certificate of minor beneficiary**
- Affidavit of Legal Guardianship** – If beneficiary is a minor, this must be accomplished by the parent who has legal custody of the minor beneficiary (if the minor's share in the insurance proceeds is ₱500,000 or below). If parents are deceased or incapacitated, next in line would be the grandparents then siblings of legal age, and lastly, the nearest kin.
- Guardianship bond or court order** – If the share of the minor beneficiary exceeds ₱500,000, the parent or guardian shall file a verified petition for approval of the bond at the court of law, at the place where the child resides. The amount of the bond shall be determined and duly approved by the courts.

Other Conditional Requirements:

- Police Investigation Report** – if death is caused by accident, homicide, or suicide
- Death Certificate of deceased beneficiary/ies**, if any
- Joint-Affidavit of Two Disinterested Persons** – if there are discrepancies in the name of insured or beneficiaries
- Certificate of Statement of Debtor's Outstanding Loan Balance** - this is for credit life policies and should be requested from the Creditor
- Original Signed Individual Loan Application Form of the Insured/Borrower** - this is for credit life policies and should be requested from the Creditor



Death Claim Claimant's Statement

IMPORTANT: Every question must be completely and distinctly answered to facilitate the claims processing. Troo reserves the right to require further information should it be deemed necessary.

Information about the Deceased

Policy Number/s

Full name of Deceased

Last name

First name

Middle name

Date of birth

When did the Deceased first complain or give indication of his/her illness/injury? Please provide details.

When did the Deceased first consult a physician for his/her illness/injury? Please provide details.

Names and addresses of all physicians who attended to the Deceased during his last illness and hospitals or other institutions in which the deceased was confined or has received any treatment

| Name of physician/hospital/institution | Address | Dates attended | Disease/injury |
|--|---------|----------------|----------------|
| | | | |
| | | | |
| | | | |

Insurance Policies of the Deceased

| Insurance company | Policy number | Effective date | Insured amount |
|-------------------|---------------|----------------|----------------|
| | | | |
| | | | |
| | | | |



Information about the Beneficiary

Claimant's full name

Last name

First name

Middle name

Claimant's date of birth

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| M | M | D | D | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Claimant's contact number

Claimant's email address

Claimant's relation to the Deceased

Claimant's address

Are you a citizen, resident, or permanent resident alien (Green Card holder) of the United States of America (US)?

Yes (Fill out IRS Form W9 - Request for Taxpayer Identification and Certification)

No

No, but I have any of the following (Fill out the appropriate IRS Form W-8):

- US place of birth
- US resident/mailing address
- US telephone number
- Standing instruction to transfer funds to an account maintained in the US
- Power of Attorney or signatory authority granted to a person with US address, or "in care of" or "hold mail" address"

Payment Instructions: Please choose your preference.

E-Settle to your bank account

Name of bank and branch

Account name

Account number

Pick up check

EastWest Store

Note: We only allow checks for beneficiaries with no bank account.

Note: Your bank might have inward charges, please check with them. For Philippine Peso payouts, please elect a Philippine Peso account. For dollar payouts, kindly elect a dollar account.

Declaration and Authorization

1. I hereby certify that all information including all of my personally identifiable and sensitive information, which I have voluntarily provided to Troo, through this Form and related documents is true and correct to the best of my own knowledge and belief;
2. I further agree and authorize Troo to collect, process, store, modify and destroy any submitted personal, sensitive personal and privileged information, as well as disclose, share or transfer this information to its subsidiaries, affiliates, agents, representatives, industry associations, outsourced service providers, and to local and foreign regulatory authorities, for legitimate purposes, including but not limited to:
 - a. Process the Claim, and provide all services related thereto;
 - b. Process all personal, sensitive personal and privileged information in accordance with the Data Privacy Act of 2012, its implementing rules and regulations, and any other related issuances of the National Privacy Commission;
 - c. Upload all medical information to a Medical Information Database accessible to life insurance companies for the purpose of enhancing risk assessment and preventing fraud, with due regard to your right to privacy, in accordance with Insurance Commission Circular Letter No. 2016-54 (accessible at www.insurance.gov.ph);
 - d. Promote/conduct cross-selling, marketing and direct marketing activities, provide advice or information covering products or services I may be interested in, or communicate with me through mail/email/fax/SMS/telephone for any purpose;
 - e. Comply with applicable laws or regulations (e.g. Anti-Money Laundering laws, U.S. Foreign Account Tax Compliance Act, Data Privacy Act)

Claimant's Signature

Date and Place of Signing