



Re: INCIDENT OF BAD FIELD UNDERWRITING OF

Name of Agent: _____

Agent's Code: _____

Policy Number: _____ Branch: _____

Name of Applicant/Insured: _____ Date: _____

() Questionable Signatures

☐ Amendment Form Application

☐ Part 1 and/or Part 2 Full

☐ Medical Exam

☐ Health Statement and/or DGHI

☐ Replacement Form

☐ Others: _____

() Non-Disclosure of Facts

1. Non-Medical

☐ Occupation

☐ Avocation Discrepancy

☐ Place of work and/or Business Address

☐ Residence and/or Mailing Address

☐ _____

2. Medical

☐ Height and Weight Discrepancy

☐ Medical history

☐ _____

() Others

☐ Improper Accomplishment of applications / forms

☐ Alterations and/or Irregularities

☐ _____

☐ _____

Please give details and attached supporting documents (if applicable):

Reported by:

Department:

Note: Please forward accomplished form to Underwriting

UNDG-308-0513-1