

How To File a Claim? Accident

We have made it hassle-free for you to file a claim from anywhere in the world. Simply click [here](#) to file your claim online and follow these three easy steps:

- 1. Prepare the following claim documents to support your submission. All files must be in .jpg or .pdf format and should not exceed 5MB each. If a document contains multiple pages, upload each page as a separate file.**

➤ **BASIC MANDATORY REQUIREMENTS**

- ✓ Valid ID containing claimant's signature and picture
- ✓ Duly accomplished Attending Physician's Statement (download [here](#))
- ✓ Proof of account indicating the following details
 - Complete Bank Name
 - Bank Account Name
 - Bank Account Number
 - Currency

➤ **OTHER MANDATORY REQUIREMENTS ACCORDING TO CLAIM**

- ✓ Medical Reimbursement
This claim covers the reimbursement of expenses with regard to medical treatment, prescription medication, and medical supplies incurred due to accident.
 - Official Receipts
 - Incident Report/Narrative/Police Report
 - Doctor's Prescription
 - Final Hospital Statement of Account with breakdown of charges
 - All medical records related to the claim (Refer to [Additional Requirements](#))
- ✓ Daily Hospital Benefit
Will pay the daily hospital income benefit shown in your policy for each day the insured is confined in a hospital due to a covered illness or injury
 - Official Receipts
 - Incident Report/Narrative/Police Report
 - Doctor's Prescription
 - Final Hospital Statement of Account with breakdown of charges
 - All medical records related to the claim (Refer to [Additional Requirements](#))
- ✓ Surgical Benefit
If the insured undergoes a medically necessary surgery, we will pay an additional benefit equal to the amount stated in your policy to the policy owner.
 - Operating Room Report of the Surgery / Operative Technique Incident Report/Narrative/Police Report
 - All medical records related to the claim (Refer to [Additional Requirements](#))

✓ **Dismemberment**

This claim covers the unintentional dismemberment of the insured, including the loss, or the loss of use of body part functions

- Operating Room Report of the Surgery / Operative Technique Incident Report/Narrative/Police Report
- All medical records related to the claim (Refer to [Additional Requirements](#))

✓ **Disability**

This is an additional benefit that provides coverage on Total and Permanent Disability due to bodily injury or disease.

- All medical records related to the claim (Refer to [Additional Requirements](#))
- Caregiving questionnaire (to be accomplished by a certified caregiver or private duty nurse)
- Complete Neurological Exam
- Certificate of Employment - for employed claimant including the following:
 - Hire Date
 - Termination date and reason for termination
 - Attendance record

➤ **OTHER ADDITIONAL REQUIREMENTS**

The following documents may be required, but are not limited to:

- ✓ Image of the affected body part showing the face of the insured
- ✓ Clinical Abstract / Discharge Summary
- ✓ Emergency Room Record
- ✓ All available laboratory and test results
- ✓ Annual Medical Exam
- ✓ Employment Medical Exam
- ✓ Admission / Admitting record with past medical history

2. Complete the [Digital Form](#)

3. Take note of your reference number to track the status of your claim

Once we receive the required documents, your request will be reviewed and assessed. Please expect an update via your registered mobile and e-mail address within 10 working days.

How To File a Claim? Illness

We have made it hassle-free for you to file a claim from anywhere in the world. Simply click [here](#) to file your claim online and follow these three easy steps:

- 1. Prepare the following claim documents to support your submission. All files must be in .jpg or .pdf format and should not exceed 5MB each. If a document contains multiple pages, upload each page as a separate file.**

➤ **BASIC MANDATORY REQUIREMENTS**

- ✓ Valid ID containing claimant's signature and picture
- ✓ Duly accomplished Attending Physician's Statement (download [here](#))
- ✓ Proof of account indicating the following details
 - Complete Bank Name
 - Bank Account Name
 - Bank Account Number
 - Currency

➤ **OTHER MANDATORY REQUIREMENTS ACCORDING TO CLAIM**

- ✓ **Medical Reimbursement**
This claim covers the reimbursement of expenses with regard to medical treatment, prescription medication, and medical supplies incurred due to accident.
 - Official Receipts
 - Incident Report/Narrative/Police Report
 - Doctor's Prescription
 - Final Hospital Statement of Account with breakdown of charges
 - All medical records related to the claim (Refer to [Additional Requirements](#))
- ✓ **Daily Hospital Benefit**
Will pay the daily hospital income benefit shown in your policy for each day the insured is confined in a hospital due to a covered illness or injury
 - Official Receipts
 - Incident Report/Narrative/Police Report
 - Doctor's Prescription
 - Final Hospital Statement of Account with breakdown of charges
 - All medical records related to the claim (Refer to [Additional Requirements](#))
- ✓ **Surgical Benefit**
If the insured undergoes a medically necessary surgery, we will pay an additional benefit equal to the amount stated in your policy to the policy owner.
 - Operating Room Report of the Surgery / Operative Technique Incident Report/Narrative/Police Report
 - All medical records related to the claim (Refer to [Additional Requirements](#))

✓ **Dismemberment**

This claim covers the unintentional dismemberment of the insured, including the loss, or the loss of use of body part functions

- Operating Room Report of the Surgery / Operative Technique Incident Report/Narrative/Police Report
- All medical records related to the claim (Refer to [Additional Requirements](#))

✓ **Disability**

This is an additional benefit that provides coverage on Total and Permanent Disability due to bodily injury or disease.

- All medical records related to the claim (Refer to [Additional Requirements](#))
- Caregiving questionnaire (to be accomplished by a certified caregiver or private duty nurse)
- Complete Neurological Exam
- Certificate of Employment - for employed claimant including the following:
 - Hire Date
 - Termination date and reason for termination
 - Attendance record

✓ **Terminal Illness**

This is an additional benefit that provides coverage on Total and Permanent Disability due to bodily injury or disease. Critical Illness is an additional benefit that provides additional coverage in case the Insured gets diagnosed with any of the listed

- All medical records related to the claim (Refer to [Additional Requirements](#))
- Medical Certificate indicating the life expectancy of insured

✓ **Critical Illness**

This an additional benefit that provides additional coverage in case the Insured gets diagnosed with any of the listed Critical Illnesses

- **BLOOD-RELATED MEDICAL REQUIREMENTS**
 - Bone Marrow Aspiration / Biopsy Report
 - Laboratory Results (e.g., Blood Tests. Peripheral Blood Smear)
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - If Occupational Acquired HIV
 - Proof of accident giving rise to the HIV infection
 - Proof that the accident involved a definite source of the HIV-infected fluids
 - Proof of zero-conversion from HIV negative to HIV positive occurring during the last 180 days after the accident. This proof must include a negative HIV antibody test within 5 days of the accident
- **CANCER-RELATED MEDICAL REQUIREMENTS** (must be confirmed by Oncologist)
 - Surgical Pathology / Histopathology Report
 - Doctor's certificate indicating TNM stage of cancer, if not indicated in Pathology report
 - All medical records related to the claim (Refer to [Additional Requirements](#))

- Leukemia
 - Medical records showing the CLL RAI Stage
 - Bone Marrow Test Report or any objective laboratory and diagnostic procedures
- Carcinoma-in-situ of Cervix Uteri
 - Core Biopsy or Colposcopy with Cervical Biopsy
- Carcinoma-in-situ of Colon, Rectum or Stomach
 - Endoscopy/Colonoscopy results
- Benign Brain Tumor
 - Magnetic Resonance Imaging (MRI) or Computerized Tomography or other reliable imaging techniques, X-Rays showing tumor in the brain or meninges within the cranium
 - Tumor must be confirmed by a neurologist or neurosurgeon
- GASTROINTESTINAL-RELATED MEDICAL REQUIREMENTS (must be confirmed by Gastroenterologist)
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - Severe Crohn's Disease
 - Colonoscopy or Sigmoidoscopy results
 - Surgical Pathology / Histopathology Report / Biopsy Result
 - Severe Ulcerative Colitis
 - Record of Operation done (Total/Hemi Colectomy)
 - Colonoscopy or Sigmoidoscopy
 - Surgical Pathology / Histopathology Report / Biopsy Result
 - Chronic Recurrent Pancreatitis
 - Pancreatic Function Test
 - Radiographic and imaging evidence (X-Ray, Ultrasound, MRI, etc.)
- HEART-RELATED MEDICAL REQUIREMENTS
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - Heart Attack (must be confirmed by a Cardiologist or Cardiovascular Surgeon)
 - ECG Report and tracings (w/official reading)
 - Cardiac enzymes blood test (e.g., Troponin or CPK-MB)
 - Heart Attack (must be confirmed by a Cardiologist or Cardiovascular Surgeon)
 - 2D-Echocardiogram w/ doppler flow reports
 - Coronary Angiography Report (if available/done)
 - NYHA cardiomyopathy impairment Classification Certificate
 - Underwent Cardiac pacemaker or defibrillator insertion (must be confirmed by a Cardiologist or an Interventional Cardiologist)

- Record of Operation to show Cardiac Pacemaker or Defibrillator insertion
- Underwent Heart Valve Replacement (must be confirmed by a Cardiologist or Cardiovascular Surgeon)
 - Record of Operation to show heart valve replacement
- Dissecting Aortic Aneurysm (must be confirmed by a Cardiologist or Cardiovascular Surgeon)
 - CT Scan / MRI / MRA / Angiogram Report
 - Record of Operation
- Eisenmenger's Syndrome (must be confirmed by an Interventional Cardiologist)
 - Echocardiogram Report
 - Cardiac Catheterization Result
- Primary Pulmonary Arterial Hypertension (must be confirmed by an Interventional Cardiologist)
 - Cardiac Catheterization Result
 - All laboratory and diagnostic procedures
 - NYHA cardiomyopathy impairment Classification Certificate
- Severe Infective Endocarditis (must be confirmed by a Cardiologist)
 - Blood Culture results
 - 2D-Echo with Doppler Studies
- Underwent Coronary Artery Bypass Surgery (must be confirmed by a Cardiologist or Cardiovascular Surgeon)
 - Coronary Angiography Report
 - Record of Operation (or post operative/bypass surgery chest X-ray results)
- Underwent Angioplasty and Other Less or Minimally Invasive Treatment for Coronary Artery Disease
 - Coronary Angiography Report
 - Record of Operation to show angioplasty procedure
- KIDNEY-RELATED MEDICAL REQUIREMENTS (must be confirmed by Nephrologist or Urologist)
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - Kidney Failure
 - Operating Room record for kidney transplant case (if done)
 - Renal Function test containing the Glomerular Filtration Rate (eGFR) result
 - Medical Certificate to note permanent dependency on hemodialysis (if kidney transplant not done yet)
 - Hemodialysis Quotation / Dialysis Record
 - Medullary Cystic Disease
 - Creatinine clearance and other blood test result
 - Renal ultrasound, CT Scan, or MRI

- Systemic Lupus Erythematosus (S.L.E.) with Lupus Nephritis (must be certified by Rheumatologist and Immunologist)
 - Copy of current physical examination report
 - Kidney Biopsy Results
 - Urinalysis Result
 - Blood tests such as Antinuclear Antibody Tests (ANA) and Anti-dsDNA Antibody Tests, and complement levels (C3, C4), L.E. cells, Anti-Smith (IgG Autoantibodies)
 - Renal ultrasound, CT Scan, or MRI
 - Serum creatinine, BUN, estimated Glomerular Filtration Rate (eGFR)
- NEUROLOGICAL-RELATED MEDICAL REQUIREMENTS (must be confirmed by Neurologist)
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - Stroke
 - Complete Neurological Exam report at least four (4) weeks after the incident (diagnosis) or at least 4 weeks post diagnosis of stroke.
 - CT Scan / MRI Report
 - Parkinson's Disease
 - Laboratory Tests / Procedures (Blood Test, Ultrasound, PET / MRI / CT Brain Scan, etc.)
 - Unified Parkinson's Disease Rating Scale (UPDRS)
 - ADL Assessment / Report (All ADL's to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed Parkinson's Disease diagnosis from a Neurologist
 - Alzheimer's Disease
 - Standardized Cognitive Test and Questionnaires
 - ADL Assessment / Report (All ADL's to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed Alzheimer's Disease or Dementia diagnosis from a Neurologist
 - Amyotrophic Lateral Sclerosis (ALS)
 - Electromyogram and Nerve conduction velocity (EMG-NCV Test)
 - MRI / PET Scan
 - ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed ALS diagnosis from a Neurologist
 - Progressive Bulbar Palsy (PBP)
 - PET / MRI / CT Brain Scan
 - Electromyogram and Nerve conduction velocity (EMG-NCV Test)
 - ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed diagnosis of PBP from a Neurologist

- Progressive Muscular Atrophy (PMA)
 - MRI Brain Scan
 - Electromyogram and Nerve conduction velocity (EMG-NCV Test)
 - ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed diagnosis of PMA from a Neurologist
- Progressive Supranuclear Palsy (PSP)
 - PET / MRI / CT Brain Scan
 - ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed diagnosis of PSP from a Neurologist
- Motor Neuron Disease (MND)
 - Electromyogram and Nerve conduction velocity (EMG-NCV Test)
 - MRI Scanning of the brain and spinal cord
 - Neurological examination report
 - Confirmed diagnosis of MND from a Neurologist
- Multiple Sclerosis (MS)
 - Nerve Biopsy, Neural Biopsy, or Electrophysiology
 - MRI, CT Scan, or other reliable imaging techniques
 - ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed diagnosis of MS from a Neurologist
 - Neurological examination report at least six (6) months post diagnosis of MS
- Muscular Dystrophy (MD)
 - Muscle Biopsy
 - Electromyogram and Nerve conduction velocity (EMG-NCV Test)
 - ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
 - Confirmed diagnosis of MD from a Neurologist
- Myasthenia Gravis
 - All relevant tests and work-ups to support the diagnosis
 - Myasthenia Gravis Foundation of America Clinical Classification Certificate
 - Confirmed diagnosis of Myasthenia Gravis from a Neurologist
- Bacterial Meningitis
 - Lumbar Tap Results or Cerebral Spinal Fluid Findings
 - Neurological Examination report showing significant, irreversible neurological deficits
- Major Head Trauma
 - Medical Records (condition/illness must be medically documented for at least three (3) months)
 - CT Scan or X-Ray

- ADL Assessment / Report (All ADLs to be accomplished by a certified caregiver or private duty nurse)
- Paralysis
 - Medical records indicating complete and permanent loss of use of arms and legs
 - All laboratory and diagnostic reports
- Cerebral Shunt Insertion
 - Record of Operation to show cerebral shunt insertion
 - All scans related to the procedure such as Ultrasound, MRI, CT Scan
- LIVER-RELATED MEDICAL REQUIREMENTS
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - Liver enzyme, liver function, and electrolyte test result
 - PET / MRI / CT Scan Report
 - Operating Room record - for liver transplants
- LUNG-RELATED MEDICAL REQUIREMENTS
 - All medical records related to the claim (Refer to [Additional Requirements](#))
 - Chest X-Ray / CT Scan Report
 - Arterial Blood Gas Analysis / Test

➤ **ADDITIONAL REQUIREMENTS**

The following documents may be required, but are not limited to:

- ✓ Image of the affected body part showing the face of the insured
- ✓ Clinical Abstract / Discharge Summary
- ✓ Emergency Room Record
- ✓ All available laboratory and test results
- ✓ Annual Medical Exam
- ✓ Employment Medical Exam
- ✓ Admission / Admitting record with past medical history

2. Complete the [Digital Form](#)

3. Take note of your reference number to track the status of your claim

Once we receive the required documents, your request will be reviewed and assessed. Please expect an update via your registered mobile and e-mail address within 10 working days.

How To File a Claim? Death

We have made it hassle-free for you to file a claim from anywhere in the world. Simply click [here](#) to file your claim online and follow these three easy steps:

1. **Prepare the following claim documents to support your submission. All files must be in .jpg or .pdf format and should not exceed 5MB each. If a document contains multiple pages, upload each page as a separate file.**

➤ **BASIC MANDATORY REQUIREMENTS**

- ✓ Death Certificate from the Local Civil Registry (must be a Certified True Copy) or the Philippine Statistics Authority (PSA). If the death occurred overseas, the certificate should be any of the following: consularized by the Philippine Embassy in that country; reported by the Department of Foreign Affairs; or be an Apostille Death Certificate (if member of Apostille convention).
- ✓ Duly accomplished Attending Physician's Statement (download [here](#))
- ✓ Valid ID containing the beneficiary/ies' signatures and pictures
- ✓ Proof of account of each beneficiary indicating the following details
 - Complete Bank Name
 - Bank Account Name
 - Bank Account Number
 - Currency

➤ **MANDATORY REQUIREMENTS ACCORDING TO BENEFICIARY**

- ✓ Spouse
 - Marriage Certificate from any of the following
 - Local Civil Registry (Certified True Copy) or Philippine Statistics Authority (PSA)
- ✓ Minor (Below 18 years old)
 - Beneficiary's PSA-issued birth certificate
 - Bank Account under the minor beneficiary
 - For claim proceeds below Php 500,000 (or its US Dollar equivalent), provide a **Notarized Affidavit of Legal Guardianship**, executed by the surviving parent
 - For claim proceeds above Php 500,000 (or its US Dollar equivalent), provide a **Guardianship Bond**
- ✓ US Citizen / Resident
 - [W9 Form](#)
 - [W8-BEN Form](#)
Note: These are tax forms issued by the IRS in the United States that serve distinct purposes based on residency status and income source, affecting both individuals and businesses. Please note the proper form for residents vs. citizens
- ✓ Company / Entity / Institution
 - Secretary's Certificate and Board Resolution
 - Claimant Form and Valid ID with signature and photo of the approved representative
 - Account details and Proof of account of the Company
 - DTI Certificate of Registration and Mayor's Business permit – for Sole Proprietorship only

➤ **MANDATORY REQUIREMENTS BASED ON CIRCUMSTANCES OF DEATH**

- ✓ Death occurred within 2 years of policy issue / last reinstatement
 - Duly accomplished [Attending Physician's Statement of Death](#)
 - Insured's complete medical records in the last three (3) years including:
 - Consultation Records (can refer to doctor's notes, medical certificates)
 - Diagnostic Tests (can refer to laboratory results)
 - Hospital Confinement records (can refer to proof that Insured was confined in hospital)
 - HMO utilization report, if any
- ✓ Death caused by an Accident
 - Duly accomplished [Attending Physician's Statement of Death](#)
 - Hospital Admitting Record, if any
 - Proof of accident, including, but not limited to
 - Police Report
 - Certified True Copy of Investigation Report from
 - Philippine National Police (PNP) or National Bureau of Investigation (NBI) or The appropriate agency
 - Certified True Copy of Autopsy Report

➤ **ADDITIONAL REQUIREMENTS**

The following documents may be required, but are not limited to

- ✓ **Certificate of No Marriage (CENOMAR)**, issued by the PSA, of the Insured and Beneficiary. This will be requested if the designated beneficiary is a common law partner
- ✓ **Affidavit of Two Disinterested Person**, including Valid IDs with Signatures of Affiants/Executor. This will be requested if there is a discrepancy in the Insured's Date of Birth and/or Name of Beneficiary/Insured.
- ✓ **Notarized Waiver of Rights** (consularized by the Philippine Embassy if executed overseas), including the Valid ID of executor with three (3) specimen signatures
This will be requested for beneficiaries who wish to transfer their rights over the benefit due.
- ✓ **Deed of Extra Judicial Partition** issued to petitioners with more than one Heir. This will be requested if all beneficiaries are deceased, or if there are no beneficiaries.
- ✓ **Affidavit of Sole Adjudication** issued if there is only one (1) Heir. This will be requested if all beneficiaries are deceased, or if there are no beneficiaries.
- ✓ **Notarized Sworn Statement of Identifying witness**
- ✓ **Criminal complaint/fiscal's/prosecutor's resolution**
These will be requested when circumstances of the accident are unclear
- ✓ **Traffic accident report**, if cause of death was a vehicular accident
- ✓ **Driver's license** if the deceased was driving

2. Complete the [Digital Form](#)

3. Take note of your reference number to track the status of your claim

Once we receive the required documents, your request will be reviewed and assessed. Please expect an update via your registered mobile and e-mail address within 10 working days.