



ACCIDENT AND HEALTH CLAIM REQUIREMENTS

The insured must accomplish a Claim Form which should be signed by the attending physician. This form will be supplied or provided by the insurance company.

Submi	it this form together with the following documents:
	Hospital Statement of Account Doctor's Certification/Attending Physician's Statement Charge slips/Official Receipts Police Report, if applicable Marriage Contract, if applicable Birth Certificate, if applicable Death Certificate, if applicable Others:
	BOND CLAIM REQUIREMENTS
•	A copy of demand made by the oblige against the principal and/or surety for sums of money by way of indemnity based on failure of the principal to comply with the obligations he assumed under the contract; and Additional documentation may include change orders and any electronic or written communications, subsequent to contract signing, that bear upon the alleged default and a timeline outlining the sequence of events leading to the alleged default Others: BUSINESS INTERRUPTION/LOSS OF PROFIT CLAIM REQIUREMENTS
Non-M	1anufacturing Risks
	Profit and Loss Statement for fiscal year immediately preceding the loss Monthly Sales Report (at least two years prior to the loss) Application for Business Interruption Insurance if any has been filed with the insurance company
Manuf	facturing Risks
•	Annual Financial Statement for two (2) fiscal years ended prior to the loss ☐ Income Statement ☐ Balance Sheet
•	Monthly/Quarterly

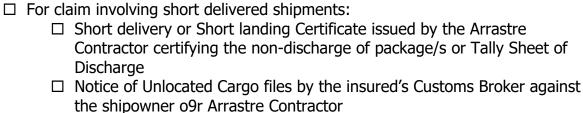








	 □ Operating Statement □ Inventories □ Production Schedules □ Daily/Hourly production in units or in sales value □ Gross Earnings Value
	Others:
SU	BMISSION PERIOD: Not more than two (2) months from the date of loss
	CARGO CLAIM REQUIREMENTS
•	All claims must be reported immediately to the insurance company upon discovery
•	thereof. A surveyor is then instructed to conduct an inspection on the damaged cargo. The following documents are to be submitted to an insurer:
	 □ Original Marine Risk Note and Endorsements, if any □ Original/Certified copy of Commercial Invoice □ Original/Certified copy of Bill of Landing □ Copy of Packing List □ Copies of formal claim filed against the following: □ Arrastre Operator/Contractor □ Vessel's Owner/Agent
	 □ Other bailees like Customs Broker, etc. and their respective replies □ Copy of Delivery Receipts □ For claim involving shipments in bad order condition: □ Bad Order Certificate issued by the Arrastre Contractor □ Copy of Turnover Survey of Bad Order on Board Cargoes issued by the Arrastre Contractor as attested by the vessel's representative
	 □ Original Laboratory or Quality Control Analysis □ Original Invoice for repair/reconditioning of bad order of damaged items □ For claim involving short-landed shipments/spillage/leakage: □ Bad Order Certificate □ Turnover Survey on Bad Order Cargoes



☐ Permit to Deliver imported goods

☐ For Theft or Pilferage claim:

☐ Turnover Survey







i	☐ Bad Order Certificate ☐ Others:
	COMBUSTION CLAIM REQUIREMENTS
	Insured's report on the circumstances of the loss Laboratory analysis of burnt product for the adjustment of volume Weigh scale/ticket card indicating the volume of the burnt product Daily Inventory/Production Records prior to the incident Shipping/Delivery records Photographs of the burnt product Original or copy of the policy Others:
CON	STRUCTION/ERECTION ALL RISKS CLAIM REQUIREMENTS
	Insured's report on the circumstances of the loss Drawing plans and design specifications Building permit (for building losses) Detailed repair estimate or the replacement proposal List of bid items and quantities and any additional offers made stating dimensions and standard prices Inspection reports, If possible Original and/or revised PERT/CPM Records of interrogations of parties concerned Expert's reports on soil and ground conditions, etc. Reports written by the police Newspaper clippings on the incident, if any Original or copy of the policy Others:
	CRIME COVERAGE CLAIM REQUIREMENTS
	The insured should report the loss to the Police immediately upon discovery thereof A copy of the Police Report must be submitted by the insured The insurance company must likewise be notified by the Insured In case of burglary or force upon things, take photos of the damage. The damage should not be repaired until it is inspected by the adjuster or agreed by the insurance company Photocopy of the policy and official receipt of premium payment Others:









ELECTRONIC EQUIPMENT/BUSINESS COMPUTER CLAIM REQUIREMENTS

	Original or copy of the policy Duly accomplished information in the Notice of Loss or Damage for Electronic Equipment Insurance Police Investigation Report Incident Report Photographs of the damaged equipment Detailed repair estimates Technical Report/Analysis Records, Invoices, Receipts, if any Detailed inventory of the article/s damaged or destroyed showing each cost price and the date acquired Other documents that may be required by the adjuster Others:
	FIDELITY GUARANTEE/COMPREHENSIVE DISHONESTY, ISAPPEARNCE AND DESTRUCTION, POSITION SCHEDULE
U.	BOND, ETC.
	The Insured should notify the insurance company as soon as practicable to enable them to interview the involved parties Upon discovery of the loss, the Insured should conduct an audit to determine the extent of the loss Provide detailed statement of the cash accountabilities of the employee Provide source documents from which each item of the cash accountabilities was based Provide statement of accounts due but not paid to the employee as the date of termination of services like salaries, commissions, allowances, 13 th month pay, bonuses, earned sick/vacation leave, etc. Provide photocopy of the policy and official receipt of premium Others:
	FIRE CLAIM REQUIREMENTS
	A Civil Engineer's or Architect's detailed estimate (obtained at the expense of the Assured) to place the building in the same state or repair as before the accident. (<i>Note: No contemplated improvements may be included in the estimate and/or proper allowance for age and depreciation etc. may be allowed.</i>) Appraisal Report, if any Copy of the Building's plan, complete with the dimensions and design specifications Lease Contract or Agreement, if Assured is not the lot owner







De □ Ori	rtified True Copy of Building Permit, Transfer Certificate of the Title and claration of Real Property ginal or Copy of the Policy ners:
□ Ou	HULL CLAIM REQUIREMENTS
	HOLL CLAIM REQUIREMENTS
☐ Co ☐ Co ☐ Co ☐ Ma ☐ Re ☐ De ☐ A s and Hu ☐ Sui	ginal Marine Hull Policy py of Vessel's Certificate of Philippine Register py of Vessel's Certificate of Ownership py of Vessel's Departure Clearance py of Vessel's Certificate of Inspection ster's Note of Protest pair Estimates of the damaged vessel ck Logbooks/Extracts covering the repair period statement of the Cost and Expenses of towing together with the additional costs d expenses of putting the vessel in to worthy condition in accordance with the Il Underwriter's Surveyors Recommendation rvey Reports and Bill stement of Fees and Expenses incurred in attending the casualty and diving rvey hers:
IA	R/MACHINERY BREAKDOWN CLAIM REQUIREMENTS
☐ Ins ☐ Pic ☐ Tec ☐ De ☐ Qu ☐ Co ☐ Oth	ginal or Copy of the policy including warranties and clauses attached to it sured's report on the circumstances of the loss tures of the damaged property/ies chnical/Engineering Report and Analysis tailed repair estimates otations, catalogs from manufacturers/suppliers py of Contract Order/Agreement between insured and the contractor ner documents that may be required by the adjuster mers:
	LIABILITY CLAIM REQUIREMENTS
	claim may be in the form of a letter from the insured to the insurance company among others, the following:
□ De cla	te, time and place of occurrence scription of the occurrence or circumstances and address of third party imant/s me and address of witness









 □ On bodily injury, the nature of injury sustained and the name of the address of the attending physician and/or hospital where claimant was treated and/or confined □ On property damage, nature, photos and estimate of damage □ If claim arises from contract, attach a copy of the contract □ Attach a copy of the Police Report, if available □ Photocopy of the policy and official receipt of premium payment □ Others:
It is the obligation of the Insured to cooperate with the insurance company in attending hearings, secure and give evidence and obtain the attendance of witnesses. He should promptly report to the company any summons, subpoena, complaint, notice of hearing, order or decision that he may receive to enable the company to take appropriate action.
LIVESTOCK INSURANCE CLAIM REQUIREMENTS
 □ The Insured should immediately notify the insurance company after the discovery of the loss □ Provide Affidavit of Ownership □ Take photos of the dead animal and secure Livestock Death Certificate □ Submit Veterinary Disease Report, if the animal died from a disease □ Police Report, if applicable □ Proof of proceeds of sale if carcass was sold with insurer's consent □ Photocopy of the policy and official receipt of premium □ Others:
MACHINERY AND EQUIPMENT CLAIM REQUIREMENTS
 □ Detailed inventory of articles damaged or destroyed, showing the cost price of each and the date acquired □ Records, invoices, receipts, if any (to be made available for adjuster's review) □ Building contents lay-out □ Original or copy of the policy □ Others:
MERCHANDISE CLAIM REQUIREMENTS
 Detailed inventory pf articles damaged, showing the cost price of each, extent of damage and salvage value, if any, if the risk sustained partial or water damage Proof of damage (technical report/laboratory analysis) Inventory of the whole goods and merchandise in the building (for partial loss) Latest inventory report, for total loss, filed with Bureau of Internal Revenue or any government entity, prior to the loss









	Movement reports/documents in between the last inventory report submitted and the date of loss (for total loss) Certified True Copies of Income Tax Return together with the Financial Statement for the last three (3) years Books of Account, Purchases and Sales Invoices and all other business records (to be made available for adjuster's review) Location of the other store or warehouse and amount of insurance on stocks contained therein, if any Original or copy of the policy
	Others:
	MOTOR CAR CLAIM REQUIREMENTS
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OW	/N DAMAGE
	Formal Notice of Claim (inform immediately upon accident) Copy of Insurance Policy
	Certificate of Registration with Official Receipt
	Driver's License with Official Receipt Police Report and/or Driver's Affidavit
	Pictures of the damaged vehicles with plate number
	Estimate Repairs Stencils of Chassis and Motor No.
	Trip Ticket (for company owned)
PR	OPERTY DAMAGED REQUIREMENTS
	Certificate of Registration with Official Receipt
	Driver's License with Official Receipt
	Pictures of the damaged vehicles with plate number
	Estimate Repair Certificate of No Claim (coming from his/her insurer)
ВО	DILY INJURY
	Medical Certificate
	Clinical Abstract Medical Receipts with Doctor's Prescription
	Record of Operation
	Birth Certificate Hospital Bills & Statement of Account
DE	ATH CLAIM
	Death Certificate









	Post Mortem Examination Funeral & Burial Permit Birth Certificate Marriage Contract
	Others:
	PIER IMPACT CLAIM REQUIREMENTS
	Comprehensive loss report indicating the circumstances of the loss Marine Protest (to be filed with Coast Guard within 24 hours from the date of loss) Formal claim against the vessel owner (to be filed within 30 days from the date of loss)
	Underwater Survey Photographs of the damaged property Complete plans and design specifications of the affected property Detailed repair estimate, including bid proposals, if any Technical Report Original or copy of the policy Others:
ΕQ	UIPMENT OR PROPERTY FLOATER CLAIM REQUIREMENTS
	The insured should notify the insurance company as soon as practicable upon discovery or immediately after the occurrence of the loss
	Attach a copy of the Police Report, if applicable Provide proof of ownership of the unit/equipment lost or damaged Provide the cost and date of acquisition of the property including its specifications,
	complete description and serial number Provide pictures of the damaged unit/equipment and secure repair estimates or quotations for the repair
	Photocopy of the policy and official receipt of premium payment Others:
	SALARY LOAN/MRI CLAIM REQUIREMENTS
	Proof of Prem. Payment to LIBI (Credit Advice/OR) / Complete Remittance Schedule NSO Death Certificate Salary Loan Application/Promissory Note Group Application/Health Declaration Statement of Account/Account Summary Loan Ledger/Amortization Ledger









Ш	Disclosure Statement/Discount Sheet (previous and renewal coverage)
	Loan Release (previous and renewal coverage)
	Claimant Statement
	Attending Physician's Statement
	NBI/Police/Accident Report
	Barangay Certificate (in case died at home)
	Medical Records
	Medical Certificate
	Marriage Contract
	Birth Certificate
	Credit Life Certificate
	Others:



