

DATE: _____

NAME OF POLICY HOLDER: _____

MOBILE NUMBER: _____

NAME OF CLAIMANT: _____

EMAIL ADDRESS: _____

POLICY NUMBER: _____

BIRTHDAY: _____

ADDRESS: _____

STATEMENT OF CLAIM

(Please answer all items fully to avoid delay)

PLEASE TICK THE BOX OF THE BENEFIT YOU ARE CLAIMING

NON TRAVEL

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | DAILY HOSPITALIZATION |
| <input type="checkbox"/> | MEDICAL REIMBURSEMENT |
| <input type="checkbox"/> | ACCIDENTAL DEATH |
| <input type="checkbox"/> | MURDER & UNPROVOKED ASSAULT |
| <input type="checkbox"/> | CALAMITY ASSISTANCE |
| <input type="checkbox"/> | FIRE ASSISTANCE |
| <input type="checkbox"/> | DISMEMBERMENT/DISABLEMENT |
| <input type="checkbox"/> | COVID-19 (HOSPITALIZATION) |
| <input type="checkbox"/> | DENGUE CASH ASSISTANCE |

TRAVEL

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | EMERGENCY MEDICAL TREATMENT |
| <input type="checkbox"/> | COVID-19 (HOSPITALIZATION) |
| <input type="checkbox"/> | ACCIDENTAL DEATH |
| <input type="checkbox"/> | TRIP CANCELLATION |
| <input type="checkbox"/> | TRIP TERMINATION |
| <input type="checkbox"/> | FLIGHT DELAY |
| <input type="checkbox"/> | BAGGAGE DELAY |
| <input type="checkbox"/> | LOSS OF BAGGAGE |
| <input type="checkbox"/> | DAMAGE TO BAGGAGE |
| <input type="checkbox"/> | LOSS OF LAPTOP |
| <input type="checkbox"/> | DAMAGE TO LAPTOP |
| <input type="checkbox"/> | LOSS OF CASH |
| <input type="checkbox"/> | LOSS OF TRAVEL DOCUMENTS |
| <input type="checkbox"/> | CAR RENTAL PROTECTION |
| <input type="checkbox"/> | PERSONAL LIABILITY |

DATE & TIME OF INCIDENT	
PLACE OF INCIDENT	
BRIEFLY STATE HOW THE INCIDENT HAPPENED	

CLAIM COMPUTATION

<input type="checkbox"/> DAILY HOSPITALIZATION <input type="checkbox"/> COVID-19 HOSPITALIZATION	ADMISSION DATE	DISCHARGE DATE
DAMAGE TO BAGGAGE	MONTH AND YEAR LUGAGGE WAS PURCHASED	AMOUNT

	ITEM	RECEIPTS NO/S.	AMOUNT
<input type="checkbox"/> MEDICAL REIMBURSEMENT			
<input type="checkbox"/> FLIGHT DELAY			
<input type="checkbox"/> BAGGAGE DELAY			
<input type="checkbox"/> LOSS OF BAGGAGE			
<input type="checkbox"/> EMERGENCY MEDICAL TREATMENT			

“Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/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.”

I hereby warrant that all personal information and sensitive personal information given by me are true, correct and updated to the best of my knowledge, freely and voluntarily given to Malayan Insurance Company, Inc. (MICO).

I agree and consent that above information are being collected, used, processed and recorded for purposes which are relevant and necessary in securing an insurance contract or transacting a business or any activity with MICO. I hereby authorize MICO, its directors, officers, consultants, employees, and duly authorized representatives to keep, store, update, use, access and process the information given to it, and to share, transfer or disclose the information, including this form to the Yuchengco Group of Companies (YGC Companies), their and MICO’s affiliates, subsidiaries, contractors, partners, agents and representatives, intermediaries, industry associations, and third parties such as but not limited to outsourced service providers, adjusters, salvage buyers, banks, external auditors, and local and foreign regulatory authorities for purposes of marketing or promotional information campaign, provision of any products, services, or offers through mail/email/fax/SMS/telephone or any type of electronic facility, profiling, research, studies/customer satisfaction surveys, statistical and risk analysis, tax monitoring, review, and reporting, compliance with court and other lawful order and requirements, with Anti-Money Laundering Act, Credit Information System Act, and all other regulatory laws, and all other activities consistent with the provisions of the Data Privacy Act and subject to appropriate security safeguards. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I am duly authorized to perform such acts and that I am duly allowed to give their information to MICO. I hereby bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product from MICO of all the terms and conditions herein. I also authorize MICO and the YGC Companies to verify and investigate the information given by me, including submitted documents from whatever source it may consider appropriate.

I have the right to access the given information, and I undertake to correct, rectify or supplement information should any information be found to be inaccurate or incomplete. I shall notify MICO in writing of any changes in the information given above.

I will hold MICO free and harmless from any liability that may arise as a result of the authorization given above.

I hereby declare and warrant the following: a.) the preceding statement of facts are true to my personal knowledge; b.) all documents submitted are authentic/duly executed, and/or faithful reproduction of the originals; c.) I understand that any misrepresentation relative to the foregoing is a valid ground for the denial of the subject claim, cancellation of the policy, as well as, criminal prosecution under the law; and d.) I am authorized to attest and affirm the foregoing;

Name & Signature of the Claimant

Signed by the Assured

*SUBSCRIBED AND SWORN to before me this _____ th day of _____, 20____ at _____, affiant with
Community Tax Certificate No. _____ issued at _____ on _____ 200 ____.

Doc. No. _____;
Page No. _____;
Book No. _____;
Series of 200 _____.

NOTARY PUBLIC