

FAMILY PERSONAL ACCIDENT COVERAGE

Attached to and forming part of

HOME EXCEL PLUS Policy No. _____
(This endorsement is only applicable when an amount of insurance and a corresponding additional premium are stated in the schedule.)

In consideration of **your** payment of additional premium as indicated in the **schedule**, **we** agree to pay for accidental death of, permanent total disablement, permanent partial disablement and external **bodily injury** suffered by **you**, **your** spouse, **your** children and **your** parents, all living with **you**, within one hundred eighty (180) days from the date of the accident.

The amount **we** will pay **you** are shown below:

Covered Persons	Accidental Death or Permanent Total Disablement	Medical Expenses	Burial Expenses
You	Php 100,000.00	Php 10,000.00	Php 10,000.00
Spouse living with you	Php 50,000.00	Php 5,000.00	Php 5,000.00
Children and Parents, all living with you	Php 25,000.00	Php 2,500.00	Php 2,500.00

In case of permanent partial disablement, **we** will pay the sums showed below:

Injury	Percentage (%) of Sum Insured
Permanent and incurable paralysis of all limbs	100
Loss of two or more limbs or both eyes	100
Loss of one limb or one eye	75
Loss of hearing – both ears	75
Loss of hearing – one ear	50
Loss of speech	50
Loss of thumb	50
Loss of index finger	25
Loss of middle finger	25
Loss of ring or little finger	25
Loss of big toe	25
Loss of each other toes	25

COMMITTED. COMPASSIONATE. GENUINE.

COCOGEN INSURANCE, INC.

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Conditions and Exclusions Applicable to this **Endorsement**

1. To claim under this **endorsement**, **you**, **your** spouse and **your** parents must not be more than 65 years of age, and **your** children must be single and not more than 21 years of age, as at inception of this insurance contract.
2. **Your** spouse, **your** parents and **your** children must all be living with **you** in the insured **home** at the time of the accident.
3. Permanent Disablement shall mean one or any combination of the following: total and permanent disablement from engaging in or attending to employment or occupation of any and every kind; total and permanent loss of sight of both eyes; and both hands or all fingers and both thumbs; or both limbs and both feet.
4. Permanent Partial Disablement means disablement due to an accident which results in one or more injuries specified in the schedule of Permanent Partial Disablement Benefit above, within one hundred eighty (180) days after the date of the accident.
5. Medical expense shall mean the cost of medical, surgical, or other remedial attention, treatment or appliances given or prescribed by a qualified member of the medical profession and all hospital, nursing home and ambulance charges.
6. The compensation shall not be payable for both Death and Permanent Disablement in respect of any one covered person.
7. If **you** are single but **you** get married during after the insurance contract becomes effective, **your** spouse automatically becomes automatically covered in this **endorsement**.
8. Should **your** age, or that of **your** spouse, children and parents exceed the ages allowed under this **endorsement** while the insurance contract is effective, **you** and the other covered members of **your** family, shall be excluded from this **endorsement** upon the effectivity of the renewal of this insurance contract.

Except as varied in the **endorsement**, all other terms and conditions of the policy remain unaltered.

Signed this ____ day of _____, _____ in Pasig City, Philippines.

(Insured)