

INSURED: \_\_\_\_\_

DATE: \_\_\_\_\_

AGENT: \_\_\_\_\_

COR NO.: \_\_\_\_\_



**KASAMBAHAY PROTECT  
CERTIFICATE OF REGISTRATION**

COR NO.: \_\_\_\_\_

**SCHEDULE OF POLICY**

INSURED: \_\_\_\_\_ POLICY NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BENEFICIARY: \_\_\_\_\_ START DATE: \_\_\_\_\_

TRUSTEE (*if beneficiary is minor*): \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

PREMIUM: \_\_\_\_\_ DATE PAID: \_\_\_\_\_

Benefit	Maximum Limit
Accidental Death/ Permanent Total Disablement	Php 50,000 (Sum Insured)
Permanent Partial Disablement	Php 50,000
Accidental Medical Reimbursement	Php 5,000
Accidental Burial Benefit	Php 5,000
Daily Hospital Benefit	Php 100

In exchange of the premium paid and according to the stated limits, coverages, conditions and other terms of this policy, COCOGEN INSURANCE, INC., hereinafter called the "Company", hereby agrees to indemnify or compensate the Insured or his/ her beneficiary hereinafter provided.

**Insuring Condition**

In the event the Insured shall suffer accidental bodily injury which shall, independently of any other cause, result in the Death, Disablement, or which necessitates medical treatment, the Company will pay the appropriate Benefit to the Insured or the Beneficiary named in the schedule provided such occurs within one (1) year from the date of the Accident.

**COCOGEN INSURANCE, INC.**

T.I.N. 000 432 798

Atty. Darren M. de Jesus

President

**COMMITTED. COMPASSIONATE. GENUINE.**

**COCOGEN INSURANCE, INC.**

22F One Corporate Center, Doña Julia Vargas Avenue, corner Meralco Avenue, Ortigas Center, Pasig City 1600 Philippines  
Tel. No.: (632) 8-811-1788 | Client Services: (632) 8-830-6000 | E-mail: client\_services@cocogen.com | Website: www.cocogen.com

## CONDITIONS OF THE POLICY

### Benefits

1. Accidental Death pays the Insured's beneficiary the Sum Insured covered for death occurring within one year from the date of accident.
2. Permanent Total Disablement compensates the Insured the Sum Insured Covered:
  - a. For the loss of two or more limbs or loss of sight in both eyes
  - b. For permanent total disablement from gainful employment of any kind. Other than dismemberment, provided such disability has continued for a period of 52 weeks and it's total, continuous or permanent at the end of this period.
3. Permanent Partial Disablement compensates the Insured a part of the principal amount covered for permanent loss of use of body parts, according to the following schedule:

Loss of limb	Php 35,000
Loss of sight in one eye	
Loss of hearing on both ears	
Loss of speech	Php 25,000
Loss of hearing in one ear	
Loss of thumb	Php 15,000
Loss of index finger	Php 7,500
Loss of middle finger	Php 5,000
Loss of big toe	
Loss of ring or little finger	Php 2,500
Loss of each other toe	Php 1,000

4. Accidental Medical Expense reimburses the actual cost, up to Php 5,000, incurred within 52 weeks from the date of accident and resulting from injuries sustained subject to submission of official receipts.
5. Burial Benefit in case of fatal accident compensates for all actual funeral expenses incurred up to Php 5,000 subject to submission of official receipts.
6. Hospital allowance per day of confinement compensates Php 100, up to maximum of 25 days, to defray for incidental expenses while the Insured person was hospitalized due to accident.

### Compensation Limits

1. The Company's combined liability for Death, Permanent Loss or Disablement shall in no case exceed Php 50,000.
2. The benefits for Permanent Disablement shall be paid only after one year from the happening of the accident.

### Expiration of the Policy

The Policy shall expire on the date stated in the Schedule or upon payment of maximum benefits, whichever comes first.

### Exceptions

The policy will not cover any loss or expense caused by or resulting from:

1. Self-injury, suicide or attempted suicide,
2. War, Invasion, act of foreign enemy, hostilities, or

- warlike operations (whether declared or not), mutiny, riot, civil commotion, conspiracy, rebellion, revolutions, insurrection, or military or usurped power or
3. Provoked Assault
4. Engagement in any military duties or naval operations; or performance of peace and order duties, or combatant duties or trainings.
5. Motorcycling including pillion riding
6. Sabotage and Terrorism
7. Congenital defects and conditions
8. Driving under the influence of prohibited drugs or alcohol.
9. Major disease outbreak (i.e. SARS, Ebola Virus, Influenza and other dreaded diseases.)

### Notice of Claim

A claim should be reported within thirty (30) days from the date of accident.

The original of the following documents must be submitted for the immediate evaluation of all claims under this Policy:

- Copy of Policy
- Police/ Incident Report
- Birth/ Death Certificate
- Valid ID with Picture
- Marriage Contract
- Medical Certificate
- Clinical Abstract

In addition to the general requirements mentioned, the following are required for claims for:

#### Accidental Medical Reimbursement:

- Official Receipts
- Medicine Purchase
- Prescription
- Hospital Billing

#### Accidental Burial Benefit:

- Official Receipts

Claims will be settled within ten (10) days upon submission of complete documents.

### Misrepresentation

The Company shall not be liable upon this Policy in so far as it relates to the Insured affected by any misdescription, misrepresentation or omission.

### Fraudulent Claims and Documents

If the claim be in any respect fraudulent, or it any false declaration be used in support thereof, or it any fraudulent means or devices are used by the Insured or any one acting on his/her behalf to obtain any benefit under this Policy, or, if the loss or damage be occasioned by the willful act by or with the connivance of the Insured, all benefits under this Policy shall be forfeited.

### IMPORTANT NOTICE

The Insurance Commissioner, with offices in Manila, Cebu and Davao is the Government Official in charge of the enforcement of all laws relating to insurance and has supervision over insurance companies. He is ready at all times to render assistance in settling any controversy between an insurance Company and a policy holder relating to insurance matters. Do not fail to notify the Company of every event which result in a claim under this Policy however small, immediately on occurrence. In communications with the Company, always give the number of the policy.