

## GROUP PERSONAL ACCIDENT MICROINSURANCE POLICY

Dear Valued Insured,

Thank you for choosing Cocogen Insurance, Inc. as your Insurer.

This insurance contract between you and Cocogen consists of the Application Form, the Policy, the Schedule, and the Endorsements, if any. Please note that in accepting this insurance, we relied on the information you have provided us.

In consideration of the payment of the premium shown in the Schedule, we agree to pay you, subject to the terms and conditions contained in or endorsed on this insurance contract, against loss or damage in the manner and to the extent provided in this Policy.

Should you have clarifications and concerns on this insurance contract, feel free to call us at (632) 8-830-6000 or send us an email at [client\\_services@cocogen.com](mailto:client_services@cocogen.com). To learn more about our products and services, please visit our website at [www.cocogen.com](http://www.cocogen.com).

Your Insurance Provider,

COCOGEN INSURANCE, INC.

### 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 policyholder relating to insurance matters.

### ARTICLE 1250 OF THE CIVIL CODE WAIVER

You agree that the following provision of the Civil Code of the Philippines shall not apply in determining the extent of Our liability under this insurance contract:

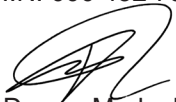
*"Art. 1250. In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment xxx."*

**Cocogen has caused this insurance contract to be signed by its duly authorized officer in the place and on the date appearing in the Schedule.**

Documentary Stamps corresponding to the value indicated in the Schedule have been included in Our lump sum payment to the Bureau of Internal Revenue.

**COCOGEN INSURANCE, INC.**

T.I.N. 000 432 798

  
Atty. Darren M. de Jesus  
President

*For Your own protection you are requested to read this Policy in full, including its conditions, and if it is not in accordance with your intentions, please return it immediately for correction.*

**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

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## INTRODUCTION

Each time We use the words or phrases specified in the Definitions of this Policy, it will have the same meaning wherever it appears in Your Policy unless We state otherwise. A defined word or phrase will start with a capital letter each time it appears in the policy.

This document sets out the terms and conditions of the insurance contract between You and Cocogen. This should be kept in a safe place.

Please take time to read the whole document carefully. Further, You are advised:

- to check if all the Endorsements You requested are included; and
- to comply with Your duties under this insurance contract.

## INFORMATION YOU HAVE GIVEN US

In deciding to accept this contract of insurance and in setting the terms and premium, We have relied on the information You have given Us. You must take care when answering any questions We ask by ensuring that every information provided is accurate and complete to the best of Your knowledge.

If We establish that You deliberately or recklessly provided Us with false or misleading information, We will treat this insurance contract as if it never existed and decline all claims.

## INSURING AGREEMENT

We hereby agree with You, subject to Your payment of the premium specified in the Schedule of this Policy, that if You shall sustain Bodily Injury caused by an Accident, We shall pay to You or Your Beneficiary, according to the Schedule of Benefits and up to the maximum amount of insurance as shown in the Schedule, in the manner and to the extent provided in this Policy.

Provided always that:

- 1) The Accident occurred within the Period of Insurance;
- 2) The Bodily Injury, solely and independently of any other cause, results in Death or Permanent Disablement.

## DEFINITIONS

For the purpose of this Policy:

Accident	<p>A sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance;</p> <p>Bodily injury as a direct result of Your exposure to the elements consequent to an Accident, shall be deemed to have been caused by accidental bodily injury</p>
Application Form	<p>Any signed Application Form and declaration and any information supplied by You or on Your behalf in addition thereto or in substitution therefore and forms part of the policy.</p>
Beneficiary	<p>The person or entity named in the Schedule designated to receive the benefit under this insurance. If no Beneficiary is named or if the named Beneficiary is disqualified by law, the legal heir of the Insured Person.</p>
Bodily Injury	<p>Identifiable physical injury which is caused by an Accident, solely and independently of any other cause, except sickness directly resulting from or medical or surgical treatment rendered necessary by such injury, causes Your death or disablement within twelve (12) months from the date of Accident.</p>
Climbing	<p>Mountaineering or rock or cliff Climbing or other similar activities necessitating the use of ropes or guides</p>

Hospital Confinement	Actual confinement in hospital only. Each period of one day is twenty-four (24) hours starting from actual confinement in hospital
Loss of Limb	<ul style="list-style-type: none"> <li>a) In the case of a lower limb loss by physical severance at or above the ankle or permanent total loss of use of an entire leg and foot;</li> <li>b) In the case of an upper limb loss by physical severance of at least all four Fingers in their entirety or permanent total loss of use of entire arm or hand.</li> </ul>
Loss of Eye	The physical loss of the eye and shall include total and irrevocable loss of sight
Loss of Thumb or Finger	Actual severance through or above metacarpophalangeal joints.
Loss of Speech	Total permanent inability to communicate verbally
Lump Sum Benefits	All forms of compensation which are not payable at a rate per week.
Motorcycling	Driving or riding a two-wheeled vehicle including pillion riding.
Permanent Total Disablement	Disablement that results from an Accident and entirely prevents You from attending to any business or occupation from which You were receiving remuneration at the time of the Accident for at least twelve (12) consecutive months, and is certified at the end of that time by a licensed Physician acceptable to Us to be a condition beyond any hope of improvement or recovery and will permanently and totally disable You from engaging in any gainful occupation.
Permanent Partial Disablement	Disablement due to an Accident that results in one or more injuries specified in the SCHEDULE OF PERMANENT PARTIAL DISABLEMENT BENEFIT, to You, within 180 days after the date of the Accident.
Power-Boating	The use of any combination of boat and engine capable of travelling faster than thirty (30) knots
Public Transport	Mounting into, travelling in or dismounting from any fully licensed passenger carrying transport (by air, rail, water, or land), open to public as a passenger but not as a member of the crew nor for the purpose of engaging in any sport, trade or technical operation therein.
Racing	Any form of contest of speed excluding Racing on foot.
Survival Period	The period indicated in the Schedule, or applicable endorsement or clause, or elsewhere in this policy, is defined as the period of time specified which the Insured must survive after being diagnosed (for the very first time) with a covered or specified illness.
Waiting Period	The number of days specified in the Schedule, or applicable endorsement or clause, or elsewhere in this policy starting from the inception of the initial policy or coverage under this policy, whichever comes first.
Wood-Working Machinery	Machines and equipment used in making things from wood but shall exclude portable tools applied by hand and used solely for private purposes without reward

Winter Sports	Sports performed on snow or ice but shall exclude hurling or skating.
Wrestling	A sport in which contestants fight by gripping each other, each trying to force the other's shoulder onto a mat and shall include judo, karate and any form of unarmed combat.
We / Us / Our / Ourselves / Insurer/ Cocogen	Cocogen Insurance, Inc.
You / Your / Yourself / Insured	The person(s) named in the Schedule

## FREE-LOOK PERIOD

From the time of Your receipt of this Policy, You have a free-look period of fifteen (15) days if the period of insurance is more than six (6) months, or a free-look period of five (5) days if the period of insurance is less than six (6) months. During this period, You may return or cancel this Policy and if ever payment was made, the amount paid shall be returned to You in full.

## PRE-EXISTING CONDITION

An injury, illness or disease that affects You before the effectivity of Your insurance under this Policy is a Pre-Existing Condition. An injury, illness or disease is considered to have been in existence one (1) year prior to the effectivity date if:

- a) A professional medical advice or treatment was obtained by You for such injury, illness or disease before the effectivity of Your insurance under this Policy.
- b) Such injury, illness or disease has been by its nature, manifestations and conditions evident to You.
- c) The onset and pathogenesis can be clinically determined to have started prior to Your insurance under this Policy.

We shall, within the Look Back Period only stated in this Policy, determine if an injury, illness or diseases is a Pre-Existing Condition.

It is expressly agreed that if Your pre-existing injury, illness or disease is not declared to Us and accepted by Us before the effectivity of this insurance, You shall not be entitled to any benefit under this insurance.

## LOOK BACK PERIOD

The Look Back Period referred to in the Pre-Existing Condition of this Policy is the period in the past in which the injury, illness or disease existed. Unless stated otherwise in the Schedule, endorsement, clause, or elsewhere in this policy, the Look Back Period shall be two (2) years from inception of the initial year of insurance.

## COMPENSATION LIMITS

I. The Benefit Limit shall not be payable for:

- A. Death in addition to any Permanent Total Disablement, or Permanent Partial Disablement, if caused by the same injury, provided however, that if a payment has been made under any part of Permanent Total Disablement, or Permanent Partial Disablement, and Death occurs within twelve (12) months solely as a result of the injury, We will pay the difference between the compensation payable for Death and the Permanent Total Disablement, or Permanent Partial Disablement.
- B. More than 100% of the Benefit Limit in aggregate for any or all of Permanent Total Disablement or Permanent Partial Disablement.

## 2. Schedule of Permanent Partial Disablement Benefits

Injury	Percent of Benefit Limit
A. Permanent and incurable paralysis of all limbs	100%
B. Loss of two or more limbs or both eyes	100%
C. Loss of one limb or one eye	75%
D. Loss of hearing – both ears Loss of hearing – one ear	75% 50%
E. Loss of speech	50%
F. Others	25%

### Note:

- The percentage payable is shown below against each Benefit, but not exceeding in all 100% for any one Insured.
- Total permanent loss of the use of a member shall be treated as loss of such member.
- Where the injury is not specified, We will adopt a percentage of disablement at Our option, which is not inconsistent with the provisions of the above Schedule.

### EXCEPTIONS

The following are excluded and no benefit will be payable:

1. Arising directly or indirectly as a result of a Pre-Existing Condition (physical or mental defect or infirmity) which had not been declared to and accepted in writing by Us.
2. Arising from:
  - a) HIV Infection and/or any AIDS related illness; or
  - b) Suicide, attempted suicide or intentionally self-inflicted injury, whether the Insured is sane or insane; or
  - c) Consumption of drugs (except under the proper direction of a Medical Practitioner), narcotic substances, poison or alcohol; or
3. Any bodily or mental infirmity, disease or sickness, or infection other than infection occurring because of an accidental cut or wound.
4. Death or injury arising from major disease outbreak (SARS, Ebola, Influenza and other dreaded diseases).
5. Death or injury resulting from the Insured Person's performance of his/her field duties as a member of the Armed Forces or Police, including escort and security services rendered in whatever capacity or form.
6. Death or injury arising from war, invasion, act of foreign enemy, hostilities, or warlike operations (whether declared or not), civil war, mutiny, riot, martial law, conspiracy, rebellion, revolutions, insurrection, or military or usurped power, civil commotion assuming the proportion of or amounting to a popular uprising.
7. Death or injury arising from any nuclear reaction, nuclear radiation or radioactive contamination and chemical or biological contamination.
8. Claims arising from accident occurring while the Insured individual is operating or learning to operate or serving as a crew member of an aircraft or seacraft.
9. Claims arising from any violation or attempted violation of the law or resistance to a lawful arrest.
10. Claims arising from cosmetic or plastic surgery, any dental work, treatment or surgery, eye or ear examination, except to the extent that any of them is necessary for the treatment or alleviation of injury caused by an Accident not herein excluded.
11. Death or Bodily Injury due to accident occurring while the Insured is performing his or her duties as an acrobat, asylum attendant, aviator, or boilerman.

12. Death or Bodily Injury to diver while performing underwater activities, or to fireman while performing fire-fighting activities.
13. Death or Bodily Injury sustained while engaging in (or practicing for or taking part in training peculiar to) any of the Excluded Activities;

#### Excluded Activities

1. Aqualung Diving	10. Climbing and/or Mountaineering	19. Hang-gliding
2. Hurling	11. Motorcycling in any form	20. Power-Boating
3. Snow Jumping	12. Flying except air travel	21. Winter Sports
4. Baseball	13. Parachuting	22. Wrestling
5. Ice Hockey	14. Use of woodworking machinery	23. Hunting
6. Skydiving	15. Professional Football	24. Racing
7. Boxing	16. Polo	25. Yachting
8. Motor Competitions	17. Water ski-jumping and tricks	26. Underwater activities involving the use of compressed air or gas
9. Soccer	18. Professional Basketball	

14. If the Principal Insured is below the age of eighteen (18) at the time of the accident, or exceeds the age of sixty-five (65) on inception date of the Policy;
15. Consequent upon You committing or attempting to commit suicide or criminal act or willfully exposing Yourself to needless peril except in an attempt to save human life;
16. During travel in aircraft other than one (1) licensed for public passenger service and operated by regular airline on a published scheduled flight over a regular air route between two (2) definitely established airports and in which You are travelling as a fare-paying passenger.
17. Bodily Injury or Death Disablement or Accidental Medical Expenses consequent upon or contributed to by You:
  - a) having taken a drug unless it can be proven that the drug was taken in accordance with proper medical prescription and directions and not for treatment of drug addiction; or
  - b) while under the influence of alcohol unless it is established that alcohol was not a factor contributing to the happening of the injury; or
  - c) having ingested/inhaled any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed or inhaled.
18. Death, Disablement or Accidental Medical Expenses consequent upon or contributed to by You being pregnant or suffering from sickness or disease not resulting from Bodily Injury or suffering from Bodily Injury due to a gradually operating cause.
19. Murder and/or Assault, unless specifically included in the Schedule.
20. Riding or driving in any kind of race.
21. The actual or threatened malicious use of pathogenic or poisonous biological or chemical materials.
22. Neurosis, psychoneurosis, psychopathies or psychosis, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.

#### **INSTITUTE RADIOACTIVE CONTAMINATION, CHEMICAL, BIOLOGICAL, BIOCHEMICAL AND ELECTROMAGNETIC WEAPONS EXCLUSION CLAUSE 10.11.2003 CL 370**

This clause shall be paramount and shall override anything contained in this insurance inconsistent therewith

1. In no case shall this insurance cover Death or any Bodily Injury or any expense of whatsoever nature directly or indirectly caused by or contributed to by or arising from:
  - a) ionising radiations from or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel
  - b) the radioactive, toxic, explosive or other hazardous or contaminating properties of any nuclear installation, reactor or other nuclear assembly or nuclear component thereof
  - c) any weapon or device employing atomic or nuclear fission and/or fusion or other like reaction or radioactive force or matter
  - d) the radioactive, toxic, explosive or other hazardous or contaminating properties of any radioactive matter. The exclusion in this sub-clause does not extend to radioactive isotopes, other than nuclear fuel, when such isotopes are being prepared, carried, stored, or used for commercial, agricultural, medical, scientific or other similar peaceful purposes
  - e) any chemical, biological, bio-chemical, or electromagnetic weapon.

### **EXTENSIONS OF COVER**

Notwithstanding what is stated elsewhere in this Policy, it is hereby declared and agreed that this Policy is extended to include the following:

#### **A. Accidental Medical Expense**

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.

The reimbursable Medical Expenses incurred, in relation to Bodily Injury sustained in the Accident, within twelve (12) consecutive months from the date of the Accident.

For the avoidance of doubt, in the event You become entitled to a refund or reimbursement of all or part of such expenses from any other source, or if there is in place any other insurance against the events covered under this benefit, We will only be liable for the excess of the amount recoverable from such other source or insurance.

#### **B. Unprovoked Murder and Assault**

We will pay You or Your Beneficiary the Benefit Limit stated in the Schedule in case of Your Death or Bodily Injury resulting from Murder and/or Assault not provoked by You.

#### **C. Burial Benefit**

We will pay Your Beneficiary in case of Your death from any cause, the Benefit Limit stated in the Schedule.

#### **D. Fire Assistance Benefit**

In the event Your permanent residence is damaged by fire and rendered uninhabitable, We will pay You the Benefit Limit state in the Schedule.

#### **E. Dengue Cover**

We will pay You the Benefit Limit stated in the Schedule in the event You are diagnosed with Dengue, provided that You are confined in a hospital and advised by a qualified and licensed physician to undergo medical treatment. This cover is subject to a 10-day Waiting Period from the effective date of Your insurance. There should be no signs nor symptoms of the disease which should have been observed and that the first doctor's consultation should not have occurred during the Waiting Period.

#### **F. Leptospirosis Cover**

We will pay You the Benefit Limit stated in the Schedule in the event You are diagnosed with Leptospirosis, provided that You are confined at the hospital and advised by a qualified and licensed physician to undergo medical treatment. This cover is subject to a 10-day Waiting Period from the effective date of Your



insurance. There should be no signs nor symptoms of the disease which should have been observed and that the first doctor's consultation should not have occurred during the Waiting Period.

#### G. Chikungunya Cover

We will pay You the Benefit Limit stated in the Schedule in the event You are diagnosed with Chikungunya, provided that You are confined at the hospital and advised by a qualified and licensed physician to undergo medical treatment. This cover is subject to a 10-day Waiting Period from the effective date of Your insurance. There should be no signs nor symptoms of the disease which should have been observed and that the first doctor's consultation should not have occurred during the Waiting Period.

#### H. Motorcycling

We will pay You or Your Beneficiary up to the Benefit Limit stated in the Schedule in case of Your death or Bodily Injury resulting from Motorcycling. Provided always that this insurance shall not be liable to pay You or Your beneficiary whilst You are engaged in Racing, pace-making, speed tests, or organized reliability trials.

It is understood and agreed that this insurance will not pay You or Your beneficiary for Your death or Bodily Injury if the said Motorcycling incident occurred whilst:

1. The driver of the motorcycle is not a holder of a valid and current driver's license.
2. You are not wearing a crash helmet.
3. The authorized seating capacity is exceeded.

#### I. Sabotage and Terrorism

We pay You or Your Beneficiary up to the Benefit Limit stated in the Schedule in case of Your death or Bodily Injury caused by an Act of Terrorism or Act of Sabotage, as herein defined.

For the purpose of this Insurance:

- an Act of Terrorism means an act or series of acts, including the use of force or violence, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s), committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.
- an Act of Sabotage means a subversive act or series of such acts committed for political, religious or ideological purposes including the intention to influence any government and/or to put the public in fear for such purposes.

This insurance excludes:

- a) Acts of Terrorism or Acts of Sabotage occurring in the Provinces of Basilan, Lanao del Sur, Maguindanao, Sulu, Tawi-tawi and/or Marawi.
- b) Measures taken to prevent, suppress or control actual or potential terrorism or sabotage unless undertaken by the government  
  
arising directly or indirectly from nuclear detonation, nuclear reaction, nuclear radiation or radioactive contamination, however such nuclear detonation, nuclear reaction, nuclear radiation or radioactive contamination may have been caused.
- c) directly or indirectly by war, invasion or warlike operations (whether war be declared or not), hostile acts of sovereign or local government entities, civil war, rebellion, revolution, insurrection, martial law, usurpation of power, or civil commotion assuming the proportions of or amounting to an uprising.
- d) arising directly or indirectly from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind.

#### J. Broad Form Flying

We pay You or Your Beneficiary up to the Benefit Limit stated in the Schedule in case of Your death or Bodily injury occurring while the Insured is riding solely as a passenger, not as an operator or crew member, in boarding or alighting from:



- a certified passenger aircraft provided by a commercial airline,
  - on any regular, Scheduled or Non-Scheduled, special or chartered flight;
  - including helicopters, single or twin or multi-engine aircrafts and military planes
- having a current and valid airworthiness certificate and operated by a properly certified pilot flying between duly established and maintained airports.

This excludes helicopters or any aircraft used for any test, Racing, exhibitions or experimental purpose.

The term “airworthiness certificate” is defined as a certificate issued by the jurisdictional agency or authority of a recognized government, anywhere in the world.

#### K. Acts of Nature

We pay You or Your Beneficiary in case of Your death or Bodily injury directly caused by any natural catastrophic event or calamity such as typhoon, flood, earthquake, tidal wave or tsunami, volcanic eruption, mudflow, landslide, subsidence, or any similar acts of nature.

#### L. Accidental Poisoning (Food and Gas)

We pay You or Your Beneficiary in case of Your death or disablement sustained as a result of food poisoning, provided that such event does not arise as a result of the Insured's willful and intentional act or such event could not have reasonably been avoided by You, but excluding allergy caused by such food, We will pay such Insured the relevant benefit subject to the terms and conditions of this Policy.

#### M. Amateur and Social Sports

We pay You or Your Beneficiary in case of Your death or Bodily injury sustained accidentally whilst You are engaged in any amateur and social sports, except those classified as Excluded Activities in this Policy.

#### N. Suffocation by Smoke, Poisonous Fumes

In the event You suffer death or Bodily Injury sustained as a result of suffocation by smoke, poisonous fumes or gas, or drowning, provided that such event does not arise as a result of the Insured's willful and intentional act or such event could not have reasonably been avoided by You. We will pay You or Your Beneficiary the relevant benefit stated in the Schedule.

#### O. Accidental Drowning

We pay You or Your Beneficiary in case of Your death or Bodily Injury sustained due to drowning as a result of an accident.

#### P. Exposure

In the event You are unavoidably exposed to the elements as a result of an accident and because of such exposure, You suffer death or Bodily Injury, We will pay You or Your Beneficiary the relevant benefit subject to the limit stated in the Schedule.

#### Q. Disappearance

If You disappear and are not found within one (1) year after the date of the disappearance, sinking or wrecking of the aircraft or other conveyance either on the ground or at sea in which You are travelling at the time of the Injury and under such circumstances as would otherwise be covered hereunder, it will be presumed that You suffered loss of life resulting from Bodily Injury caused by Accident covered by this Policy at the time of such disappearance, sinking or wrecking. If at any time after settlement of claims, You shall be found to be alive, all amounts so paid shall be refunded to Us.

#### R. Riot, Strikes and Civil Commotion not as participants

We pay You or Your Beneficiary in case of Your death or Bodily Injury sustained due to riot, strike, and/or civil commotion (not assuming the proportion of or amounts to a popular rising, military rising, mutiny, insurrection, rebellion, revolution, military or usurped power).

The cover by this Clause does not respond in the event You are a participant of the said riot, strike or civil commotion.

S. 24-Hour Coverage

We agree with You that the cover under this Policy shall be twenty-four (24) hours daily within the period of insurance stated in the Schedule of this Policy.

T. No Territorial Limitation

We agree with You that the insurance under this Policy is not subject to any territorial limitation notwithstanding these territorial limitations being specified in the policy wordings or in any of the endorsements, clauses, warranties and/or coverage extensions attached to this Policy.

U. Calamity Assistance Benefit

In the event Your permanent residence is damaged by earthquake, typhoon, flood, landslide, storm surge, or hurricane and rendered uninhabitable, We will pay You the Benefit Limit state in the Schedule.

V. Repatriation of Mortal Remains

This insurance shall pay for the actual cost in repatriating Your mortal remain to Your place of residence by reason of Your death due to a covered accident.

W. Critical Illness

We pay You or Your Beneficiary in case of Your death due to Critical Illness, subject to the provisions of the Pre-Existing Condition and Look Back Period.

Critical Illness shall mean Coronary Heart Disease, Stroke and Cancer only.

**EXPIRATION OF THE POLICY**

- A. The Policy shall expire one year after inception.
- B. Cover shall cease upon the death of the Insured Person or full payment of the Benefit Limit, whichever comes first.
- C. In respect of the cover for Dengue, Leptospirosis and Chikungunya, upon full payment of the corresponding Benefit Limit.
- D. In respect of the Fire Assistance Benefit, upon payment of the corresponding Benefit Limit.

**NOTICE OF CLAIM**

You will report to Us immediately but not more than thirty (30) days from date of accident, any accident that may or may not lead to a claim under this Policy.

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

- A. Disability/Death Claim:
  - 1. Certificate of Registration (COR)
  - 2. Affidavit or incident report
  - 3. Death Certificate
  - 4. Birth Certificate
  - 5. Marriage Certificate (if married)
  - 6. Post Mortem Certificate (if necessary)
  - 7. Vital signs chart (if necessary)
  - 8. Medical Certificate (if applicable)
  - 9. Clinical Record (if necessary)
  - 10. Police/ Incident Report
  - 11. Government Issued ID with Picture of the Insured
  - 12. Such other documents as may be required
- B. Fire Assistance Benefit:
  - 1. BFP Certificate
  - 2. Insured's ID with signature
  - 3. Photos of the Fire Incident
  - 4. Barangay Certificate that Insured is fire victim.

## CONDITIONS

1. As soon as practicable, and in any case within thirty (30) days after the happening of any event which may give rise to a claim, written notice shall be given to Us.
2. All certificates, information and evidence required by Us shall be submitted free of expense to and in the form prescribed by Us. You shall as often as required submit to medical examination on behalf of and at Our expense in connection with any claim.
3. You or Your personal representative's receipt of the benefits shall discharge Us from all further liability to the extent of such payments. If the beneficiary comprises more than one (1) party having an insurable interest in You, the benefit shall represent the total amount payable to You for all interests covered by the Policy.
4.
  - a) No sum payable under this Policy shall carry interest.
  - b) No benefit shall be payable due solely to Your inability to take part in sports or pastimes.
5. We shall not be bound to accept or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy.
6. You shall give notice to the Company within a reasonable time of any material change in Your business or occupation and shall pay any additional premium required by Us in consequence thereof.
7. If the premium or any part thereof is provisional, You shall, within one (1) month after the expiry of each Period of Insurance, furnish all particulars and information as We may require. The premium or renewal premium shall thereupon be adjusted. You shall keep an accurate record containing all relative particulars and information and shall allow Us to inspect such record.
8. In the event of any controversy or claim arising out of or relating to this insurance contract, or a breach thereof, You and Us agree first to try and settle the dispute by mediation, administered by the Insurance Commission or any recognized mediation institution under its mediation rules. If no settlement is reached within sixty (60) days after service of written request for mediation, any unresolved controversy or claim arising out of or relating to this insurance contract shall be settled by arbitration in accordance with the Philippine Dispute Resolution Center, Inc. (PDRCI) Arbitration Rules as at present in force.
9. The due observance and fulfillment of the terms, provisions, conditions and endorsements of this Policy by You in so far as they refer to anything to be done or complied with by You and the truth of the statements and answers in the proposal made by You shall be conditions precedent to any liability We may have under this Policy.
10. Unless the Company, at least forty-five (45) days in advance of the end of the Policy period, mails or delivers to You at the address shown in the Policy, notice of its intention not to renew the policy or condition its renewal upon reduction of limits or elimination of coverage, You shall be entitled to renew the Policy upon payment of the premium due on the effective date of renewal.
11. If a claim be made and rejected and an action or suit be not commenced either in the Insurance Commission or any court of competent jurisdiction within twelve (12) months from receipt of notice such rejection or in case of arbitration taking place as provided herein, within twelve (12) months after due notice of the award made by the arbitrator or arbitrators umpire, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
12. The amount for which We may be liable under this policy shall be settled within ten (10) working days from Our receipt of the proof of loss and complete documentary requirements for the claim and ascertainment of the amount is made either by agreement between You and Us or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by Us of the proof of loss and complete documentary requirements for the claim, then the amount shall be paid within ninety (90) days after such receipt.
13. This Policy includes the endorsements and attached papers, if any, and together with the application which is on file with Us, constitute the entire contract of insurance.
14. This Policy shall not be valid and binding unless and until the premium stated herein is paid and fully acknowledged in an official receipt signed by Our authorized representative.

### **MISREPRESENTATION**

The misrepresentation by the Insured or any person acting in connivance with the Insured on any information relating to this Policy and any claim that may be made hereunder shall bar any recovery under this Policy.

### **FRAUDULENT CLAIMS AND DOCUMENTS**

If the claim be in any respect fraudulent, or if any false declaration be used in support thereof, or if 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, all benefits under this Policy shall be forfeited.

### **CANCELLATION**

The Policy shall not be cancelled by Us or on Our behalf except in accordance with and pursuant to the provisions of Sections 64 and 65 of the Insurance Code (as amended). In the event of such cancellation, We shall refund the paid premium less the earned portion thereof to You.

### **SHORT PERIOD CANCELLATION BY YOU**

It is hereby declared and agreed that, in the event that this Policy is surrendered by You for cancellation, there shall be no refund of premium and taxes.