

PERSONAL ACCIDENT ENDORSEMENT

Attached to and forming part of

CANCER ASSIST+ Policy No. _____

Period of Cover: From: _____ To: _____ 4:00 P.M.

We hereby agree with You, subject to Your payment of the additional premium specified above, effective on the shown above, this Policy, by this Endorsement, shall include Optional Benefit 3: Personal Accident Benefit as follows:

It is a condition under this policy that this Benefit shall be availed of at the inception of the initial policy in conjunction with the Basic Cover.

Limit:

Accidental Death and/or Disablement	100% of Principal Sum Insured
Accidental Medical Expenses	10% of Principal Sum Insured
Accidental Hospital Allowance Benefit	0.25% of Principal Sum Insured, Aggregate Limit of 30 days or 7.5% of Principal Sum Insured whichever comes first

INSURING AGREEMENT

ACCIDENTAL DEATH, DISABLEMENT AND MEDICAL EXPENSES

We hereby agree with You, subject to Your payment of the premium specified in the Schedule, 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 Disablement or necessitates medical or surgical treatment within twelve (12) months from the date of the Accident.

DEFINITIONS

For the purpose of this Policy:

Accident	A sudden, unexpected, unusual, specific event which occurs at an identifiable time and place during the Period of Insurance; 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
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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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Medical Expenses	The reimbursable Medical Expenses incurred, in relation to Bodily Injury sustained in the Accident, within 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.
Bodily Injury	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 12 months from the date of Accident.
Climbing	Mountaineering or rock or cliff climbing or other similar activities necessitating the use of ropes or guides
Football	Professional football
Loss of Limb	<ul style="list-style-type: none"> 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; 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.
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.
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.
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 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 traveling faster than 30 knots

Public Transport	Mounting into, traveling 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.
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 named in the Schedule

SCHEDULE OF BENEFITS

Benefit	Compensation
Death	100% of Principal Sum Insured
Permanent Total Disablement	100% of Principal Sum Insured
Permanent Partial Disablement	A sum equal to the percentage of the Capital Sum stated in the Schedule of Permanent Partial Disablement Benefits
Medical Expenses	10% of Principal Sum Insured
Hospital Confinement Allowance	0.25% of Principal Sum Insured daily, Aggregate Limit of 30 days or 7.5% of Principal Sum Insured whichever comes first

100% of the Principal Sum Insured 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 104 weeks 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 Principal Sum Insured in aggregate for any or all of Permanent Total or Partial Disablement.

SCHEDULE OF PERMANENT PARTIAL DISABLEMENT BENEFITS

Injury	Percent of Principal Sum
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	35%
Loss of speech	50%
Loss of thumb	30%
Loss of index finger	15%
Loss of middle finger	10%
Loss of ring or little finger	5%
Loss of big toe	10%
Loss of each other toe	2%

Note:

- The percentage payable is shown below against each injury, 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 which in its option is not inconsistent with the provisions of the above Schedule.

ACCIDENTAL HOSPITAL ALLOWANCE BENEFIT

The Company agrees to pay the Insured daily accidental Hospital Confinement Allowance Benefit subject to the Limit stated herein.

Conditions

- 1) The confinement in a hospital is prescribed by a duly qualified attending physician.
- 2) The accident is an occurrence covered under the Policy.
- 3) Indemnity under this Benefit shall only be after the exhaustion of similar benefit the Insured is entitled to, if any.

Daily confinement shall mean a continuous period of twenty-four (24) hours from the time of confinement of the Insured in a hospital.

The Hospital Allowance Benefit shall apply after the first forty-eight (48) hours of the confinement of the Insured in a hospital.

EXCEPTIONS

We shall not be liable in respect of:

1. Bodily Injury sustained:
 - a) while You are engaging in (or practicing for or taking part in training peculiar to) any of the Excluded Activities;

- b) 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;
 - c) during war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection or military usurped power, You engaging or involving in military or para-military activities; active or direct participation in strike, riot and civil commotion; by use of any weapon or instrument employing atomic fission or radioactive force, whether in time of peace or war;
 - d) during travel in aircraft other than one licensed for public passenger service and operated by regular airline on a published scheduled flight over a regular air route between 2 definitely established airports and in which You are traveling as a fare-paying passenger.
2. 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) Suffering from pre-existing physical or mental defect or infirmity which had not been declared to and accepted in writing by Us; or
 - c) while under the influence of alcohol unless it is established that alcohol was not a factor contributing to the happening of the injury; or
 - d) having ingested/inhaled any poison, chemical compound, gas or fumes voluntarily taken, administered, absorbed or inhaled.
 3. 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.
 4. Murder and/or Assault provoked by You.
 5. Riding or driving in any kind of race.
 6. The actual or threatened malicious use of pathogenic or poisonous biological or chemical materials.
 7. Neurosis, psychoneurosis, psychopathies or psychosis, anxiety, stress, fatigue or mental or emotional diseases or disorders of any type.

EXCLUDED ACTIVITIES

Unless specifically included and/or declared in the Schedule, any accident arising from the following activities are excluded:

Aqualung Diving	Polo
Baseball	Power-boating
Boxing	Racing
Climbing and/or Mountaineering	Skydiving
Flying except air travel	Snow Jumping
Football	Soccer
Hang-gliding	Underwater activities involving the use of compressed air or gas
Hunting	
Hurling	Use of woodworking machinery
Ice Hockey	Water ski-jumping and tricks
Motor Competitions	Winter Sports
Motorcycling in any form	Wrestling
Parachuting	Yachting

Except as varied by this Endorsement, the terms and conditions of the Policy to which this is attached to shall remain.

COCOGEN INSURANCE, INC.

T.I.N. 000 432 798

A handwritten signature in black ink, appearing to be 'Darren M. de Jesus', written over a horizontal line.

Atty. Darren M. de Jesus
President