



## CLAIMS CHECKLIST (Miscellaneous Casualty)

Documentary Requirements in case of Third Party Property Damage Claim	
<b>Basic Documents:</b>	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Photographs of Damaged Units
<input type="checkbox"/>	Detailed Estimate
<input type="checkbox"/>	Police Report / Affidavit of Loss
<input type="checkbox"/>	Accomplished Sworn Statement of claim
<input type="checkbox"/>	Accomplished Non Waiver Agreement
<input type="checkbox"/>	Demand Letter of the Third party claimant
<input type="checkbox"/>	Real Property Tax Declaration
<input type="checkbox"/>	Supporting documents of the unit cost/ price per invoice
<b>Optional Documents:</b>	
<input type="checkbox"/>	Repair Invoice ( <i>if damage was already repaired</i> )
<input type="checkbox"/>	Floor Lay-out
<input type="checkbox"/>	Copy of Lease
<input type="checkbox"/>	Copy of Lease Contract
<b>Additional Documents for Motor:</b>	
<input type="checkbox"/>	Certificate of No Claim ( <i>for damaged vehicle</i> )
<input type="checkbox"/>	Formal Claim of Third Party against Insured
<input type="checkbox"/>	OR / CR of Motor Vehicles
<input type="checkbox"/>	Driver's license of the owner of the vehicle for identity purposes
<input type="checkbox"/>	Original copy of Certificate of No Claim from their insurer
Documentary Requirements in case of Bodily Injury / Illness or Health / Death Claim	
<b>Basic Documents:</b>	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Original Copy of Official Receipt of medical expenses
<input type="checkbox"/>	Original / Certified True Copy of Death Certificate ( <i>for Death Claim</i> )
<input type="checkbox"/>	Police Report / Affidavit of Loss
<input type="checkbox"/>	Birth Certificate ( <i>for Death Claim</i> )
<input type="checkbox"/>	Hospital Bill/Statement of Account ( <i>if hospitalized</i> )
<b>Additional Documents:</b>	
<input type="checkbox"/>	Medical Certificate
<input type="checkbox"/>	Post Mortem Certificate
<b>Optional Documents:</b>	
<input type="checkbox"/>	Statement of Account ( <i>if hospitalized</i> )
<input type="checkbox"/>	Copy of driver's license ( <i>if due to vehicular accident</i> )
<input type="checkbox"/>	Doctor's prescription
<input type="checkbox"/>	Admitting history & Physical Examination
<input type="checkbox"/>	Vital signs chart
<input type="checkbox"/>	Nurse's daily progress notes
<b>Date of Completion of Documents</b> (MM-DD-YYYY)	



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<b>Documentary Requirements in case of Equipment Floater Claim / All Risks</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Police Report / Affidavit of Loss/ Incident Report
<input type="checkbox"/>	Quotation / Repair Estimates
<input type="checkbox"/>	Duly Signed Notarized Claim forms
<input type="checkbox"/>	Forklift Operation and Safety Certification
<input type="checkbox"/>	Technical Report
<input type="checkbox"/>	List of Damaged stocks
<input type="checkbox"/>	Delivery Receipts
<input type="checkbox"/>	Sales Invoice
<b>Additional Documents:</b>	
<input type="checkbox"/>	Photographs
<input type="checkbox"/>	Disconnection Notice
<input type="checkbox"/>	Memorandum of Agreement
<b>Documentary Requirements in case of Burglary / Robbery / Hold-Up Claim</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Police Report / Affidavit of Loss
<input type="checkbox"/>	Audit Report & Breakdown of Loss
<b>Additional Documents:</b>	
<input type="checkbox"/>	Repair Estimates / Repair invoice (if damage is already repaired)
<input type="checkbox"/>	Photos of forcible entry
<input type="checkbox"/>	Sales & Collection Report
<input type="checkbox"/>	Inventory Report / Book of Accounts
<input type="checkbox"/>	Business Permits
<b>Date of Completion of Documents</b> (MM-DD-YYYY)	



## CLAIMS CHECKLIST (Miscellaneous Casualty)

<b>Documentary Requirements in case of Misloading</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Police Report / Affidavit of Loss/Preliminary Loss Advise
<input type="checkbox"/>	OR/CR of Motor Vehicles
<input type="checkbox"/>	Driver's License
<input type="checkbox"/>	Original copy of Misloading Receipt
<input type="checkbox"/>	Original copy of Towing Receipt
<b>Documentary Requirements in case of Fidelity Claim</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/>	Audit Report showing discovery date & breakdown of loss
<input type="checkbox"/>	Documents in support of Audit Report such as official receipts, invoices, sales & collection reports
<input type="checkbox"/>	SSS / BIR / NBI / Personal Data Sheet (201 File) / Driver's License No. of the Employee
<b>Optional Documents :</b>	
<input type="checkbox"/>	Company procedures as to duties of employees
<input type="checkbox"/>	Action taken to recover loss such as filing of criminal case
<input type="checkbox"/>	Duties and responsibilities of the involved employee
<b>Others:</b>	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
<hr/> <b>Date of Completion of Documents</b> (MM-DD-YYYY)	



## CLAIMS CHECKLIST (Miscellaneous Casualty)

<b>PERSONAL ACCIDENT CLAIM</b>	
<b>Documentary Requirements in case of Medical Expenses Reimbursement</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/> Formal Claim against COCOGEN <input type="checkbox"/> Affidavit or incident report <input type="checkbox"/> Medical Certificate <input type="checkbox"/> Doctor's Prescription of Medicines <input type="checkbox"/> Original copy of official receipts of medicine purchase <input type="checkbox"/> Statement of Accounts ( <i>if hospitalized</i> )	
<b>Additional Documents:</b>	
<input type="checkbox"/> Copy of driver's license ( <i>if due to vehicular accident</i> )	
<b>Documentary Requirements in case of Disability/ Death Claim</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/> Formal Claim against COCOGEN <input type="checkbox"/> Affidavit or Incident Report <input type="checkbox"/> Original/Certified True Copy of Death Certificate <input type="checkbox"/> Original/Certified True Copy of Birth Certificate <input type="checkbox"/> Marriage Contract ( <i>if married</i> ) <input type="checkbox"/> Post-Mortem Certificate ( <i>if necessary</i> ) <input type="checkbox"/> Clinical Records ( <i>if necessary</i> ) <input type="checkbox"/> Vital signs chart ( <i>if necessary</i> ) <input type="checkbox"/> Medical Certificate ( <i>if applicable</i> ) <input type="checkbox"/> Admitting history ( <i>if available</i> ) <input type="checkbox"/> Photos of affected body part/s <input type="checkbox"/> Copy of driver's license ( <i>if due to MCY accident</i> ) <input type="checkbox"/> Proof/police certification that the Insured was wearing helmet at the time of loss ( <i>loss due to MCY</i> )	
<b>Documentary Requirements in case of Educational Assistance Claim</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/> Certificate of enrollment from the school attended	
<b>Documentary Requirements in case of Fire Assistance Benefit Claim</b>	
<b>Basic Documents:</b>	
<input type="checkbox"/> Formal Claim against COCOGEN <input type="checkbox"/> Bureau of Fire Protection Certification <input type="checkbox"/> Barangay Certificate that insured is a fire victim <input type="checkbox"/> Photos of the Fire Incident <input type="checkbox"/> Valid ID's with signature	
<hr/> <b>Date of Completion of Documents</b> (MM-DD-YYYY)	
<hr/> <i>PERSONAL ACCIDENT</i>	