



HOME ASSIST 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 provide **you** assistance services and pay **you** the costs of replacing locks to safes, alarms and outside doors in the home following burglary and robbery or loss of your keys.

What is covered

A. **We** will pay the costs **you** have to pay for replacing locks to safes, alarms and outside doors in the **home** following burglary or robbery or loss of **your** keys.

We will provide:

B. 24/7 Call Assistance Services

1. Emergency Call Assistance Services

a. Medical Assistance - **We** will provide **you** location and contact information of nearest hospitals and clinics and **we** will assist you in arranging for hospital admission if needed.

b. Ambulance Assistance - **We** will refer **you** an ambulance to transport **you** to the hospital or clinic during emergencies.

c. Mediphone Assistance - **We** will provide **you** 24-hour medical consultation over the phone for first aid only medical emergencies.

d. Message Assistance - **We** transmit urgent messages to **your family** members in cases of emergencies.

2. Protection Assistance

a. Security Assistance - Should there be an actual or imminent threat to **you** and **your family**, **we** will coordinate with the nearest police station to respond to the threat and **we** will provide **you** the contact information of said nearest police station.

What is not covered

We will not pay claims in excess of the limits.

We will not provide:

assistance services resulting from accidents and damages caused deliberately by **you**



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UCPB General Insurance Company, Inc.

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- b. Public Service Centers – While a fortuitous event is happening and immediately thereafter, **we** will contact the nearest fire or rescue center to assist **you** and **your family**.
- c. Alternative Accommodation – **We** will assist you in sourcing for an alternative accommodation in case **your home** is rendered inhabitable by any of the perils insured against under Home Excel Plus Policy.

3. Personal Assistance

We will assist **you** in coordinating with our accredited service providers to attend to your home related problems like plumbing, electrical, pest control, air-con cleaning or locksmith and other home improvement services.

4. Concierge Services

- a. Reservation Services – **We** will assist **you** in making reservations and appointments in hotels, restaurants, limousine and motorcycle rental services, golf courses and other establishments.
- b. Personal Services – **We** will assist **you** in locating specific luxury, fashion, or gift items and their sales outlets. **We** will also assist **you** in sourcing and making reservations for airline, hotel, and transfers when travelling locally. **We** will also assist **you** in arranging conference calls.
- c. Key Facility Lines – **We** will assist **you** in getting emergency contact numbers for police, fire department, hospital, and assistance in advising contact numbers and addresses of frequently contacted government offices, such as the Bureau of Internal Revenue, Department of Foreign Affairs, National Statistics Office, Social Security System, PhilHealth as well as major foreign embassies in the Philippines.

Procedure in Availing of the Home Assist Services

To avail of the services provided for in Section Five, please contact our 24/7 Home Assist Hotline at **(02) 236-7234**. Please provide **our** agent the following information:

- a. **your** complete name and address;
- b. **your Home Excel Plus** policy number; and
- c. **your** telephone number and/or other contact information.

To ensure that **we** maintain the highest standards of customer service, **we** will record your calls for requests for assistance services.

Condition that Applies to this Endorsement

The aggregate amount of claim for replacement of locks to safes, alarms and outside doors in the **home** under this Endorsement shall not exceed the limit stated in the Policy Schedule during the entire insurance period.

Except as varied in the Endorsement, all other terms and conditions of the Policy remain.

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

(Insured)

Authorized Signatory
for

UCPB GENERAL INSURANCE
COMPANY, INC.