

COC No. _____

Master Policy No. _____

**COVID-19 ASSIST+
CONFIRMATION OF COVER**

Policyholder: _____ Date of Birth: _____
 Address: _____
 Beneficiary: _____ Relationship: _____

Period of Insurance: From: _____ To: _____ 00:01 Hours Philippine Standard Time

BASIC PACKAGE

Coverage	Limits
Accidental Death and Disablement	Php 20,000
Burial Benefit in case of Accidental Death	Php 2,000
Cash Assistance in case of death due to Other Causes	Php 2,000
Cash Assistance in case of death due to COVID-19	Php 2,000
Daily Hospital Benefit	Php 200

In consideration of the premium and according to the stated limits, coverage, and conditions, and other terms of this policy, COCOGEN INSURANCE, INC. (the "Company") hereby agrees to indemnify or compensate the Insured or his beneficiary of the benefits stated above subject to the conditions of this Policy.

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 year from the date of the Accident.

I, the undersigned, do hereby acknowledge that I have read and fully understand the Terms and Conditions of my insurance policy.



Atty. Darren M. de Jesus

Signature Over Printed Name of Insured

President

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. Do not fail to notify the Company of every event which will result in claim under this Policy however small, immediately on occurrence. In communication with the Company, always give the number of the policy.

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

POL099-2108-01

E-mail: client_services@cocogen.com | Website: www.cocogen.com