

~~ORIGINAL~~
CONFIRMATION OF COVER
NON-LAND TRANSPORTATION OPERATORS VEHICLE

NAME AND ADDRESS OF INSURED JUAN M LUNA 651, LANGKA ST, ZAPOTE, CITY OF MUNTINLUPA, NCR SECOND DISTRICT		AUTHENTICATION NO.		POLICY NO.	
		BUSINESS / PROFESSION		CONFIRMATION OF COVER 0648474620	
		DATE ISSUED Jul 08, 2023		OFFICIAL RECEIPT NO.	
		PERIOD OF INSURANCE			
		FROM 12:00 NOON Jul 08, 2023		TO 12:00 NOON Jul 08, 2024	
SCHEDULE OF VEHICLE					
MODEL SAMPLE2 VARIANT002	MAKE Toyota	TYPE OF BODY Pickup Truck	COLOR Yellow	M.V. FILE NO.	
PLATE NO. 2023	SERIAL / CHASSIS NO. CHASV	MOTOR NO. ENGINESV	AUTHORIZED CAPACITY	UNLADEN WEIGHT Kgs.	

SECTION I / II		A M O U N T S	LIMITS OF LIABILITY	100,000.00
THIRD PARTY LIABILITY			PREMIUMS PAID (Inclusive of Taxes)	650.40
SUBJECT TO THE SCHEDULE OF INDEMNITIES SHOWN BELOW				
This Confirmation of Cover is evidence of the policy of insurance required under Chapter VI - Compulsory Motor Vehicle Insurance of the Insurance Code as amended by Presidential Decree No. 1814			_____ Authorized signature	

SCHEDULE OF INDEMNITIES FOR BODILY INJURY AND/OR DEATH

The following schedule of indemnities shall be observed in the settlement of claims for death, bodily injuries and professional fees and hospital charges for services rendered to, traffic accident victims under the Compulsory Motor Vehicle Liability Insurance Coverage.

A. DEATH INDEMNITY		Maximum
Burial and Funeral Expenses		30,000.00
B. BODILY INJURIES AND FRACTURES -		
<u>Types of Accomodation or Professional Attendance Extended</u>	<u>Services Rendered</u>	<u>Maximum Reimbursable Fees and/or charges</u>
1. Hospital Rooms	Maximum of 45 days per accident	Maximum
	Laboratory Examination fees, X-rays	2,000.00
2. Surgical Expenses	Major Operation	7,500.00
	Medium Operation	5,000.00
	Minor Operation	1,500.00
3. Anaesthesiologist's Fees	Major Operation	2,500.00
	Medium Operation	2,000.00
	Minor Operation	500.00
4. Operating Room	Major Operation	1,500.00
	Medium Operation	1,000.00
	Minor Operation	5000.00
5. Medical Expenses	For daily visits of Practitioner or Specialists	400.00/day
	The total amount of medical expenses must not exceed (For a single period of confinement)	5,000.00
6. Drugs and Medicine	Actual value of drugs and medicine used but not to exceed	20,000.00
7. Ambulance	Actual amount charged for ambulance transport but not to exceed	1,500.00

C. PERMANENT DISABLEMENT	
Loss of or Loss of Use of:	AMOUNT
Two Limbs	50,000.00
Both Hands, or All Fingers & Both Thumbs	50,000.00
Both Feet	50,000.00
One Hand and one Foot	50,000.00
Sight of both eyes	50,000.00
Injuries resulting in being permanently bedridden	50,000.00
Any other injury causing permanent total disablement	50,000.00
Arm at or above elbow	20,000.00
Arm between elbow and wrist	15,000.00
Hand	15,000.00
Four fingers and thumb of one hand	15,000.00
Four fingers	12,000.00
Leg at or above knee	20,000.00
Leg below knee	15,000.00
One foot	15,000.00
All toes of one foot	10,000.00
Thumb	8,000.00
Index Finger	6,000.00
Sight of one Eye	20,000.00
Hearing-both Ears	30,000.00
Hearing-one Ear	15,000.00

D. OTHER INCIDENTAL EXPENSES
The Company will pay all pertinent and reasonable expenses incurred in connection with the accident not provided under this Schedule of Indemnities (A), (B), and (C), subject to a maximum amount of P10,000.00 but in no case shall the company's aggregate payment exceed the overall Limits of Liability under Sections I and II

IMPORTANT NOTICE

The Insurance Commissioner, with offices in Manila, Cebu and Davao, is the Government official in charge of the faithful execution and 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.