

Please direct the Claim Form and all correspondence to:
 Claims Department – Travel Insurance
 Chartis Philippines Insurance, Inc.
 One Palanca Land Building, 100 Carlos Palanca Sr. Street,
 Legaspi Village, Makati City 1229
 P.O. Box 2238, Makati, Philippines
 Tel. No.: 878-5400 Fax No.: 878-5555



Please complete this Claim Form and submit within thirty (30) days from the date of the incident

**Travel Insurance (Philippine Airlines)
CLAIM FORM – Domestic**

Travel Insurance (Philippine Airlines) CLAIM FORM – Domestic			
Insured Person's Name:			
Residential Address:			
Telephone No:	Fax No:	Email address:	TIN/SSS/GSIS No:
Nationality:	Date and Place of Birth:		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Name Of Employer:		Nature Of Work:	
Name of Beneficiaries, if applicable:			
Place where incident, loss or illness occurred:	Date of Occurrence:	Time of Occurrence:	PAL Booking Ref No:
Are there any other policies of insurance in force covering you in respect of this event? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please specify: _____			
(A) PERSONAL ACCIDENT/SICKNESS - Medical and Additional Expenses			
Have you ever suffered this or a similar condition or a recurrence of a previous illness or injury? <input type="checkbox"/> No <input type="checkbox"/> Yes Nature of Illness or Injury: _____ If Yes, please specify: _____			
Provide Name and Address of your usual attending physician:			
(B) CANCELLATION/TERMINATION			
Date of booking for flight:		Original Travel Date:	
Date of Cancellation/Termination:		Actual Travel Date:	
Reason for trip cancellation/Termination:			
Amount Claimed	Amount paid by you		Amount paid by other sources

NOTE: Under Republic Act 9160 (Anti-Money Laundering Act) as amended by Republic Act 9194 and pertinent regulations, all insurance companies are required to satisfactorily establish the identities of all its customers. Hence, Chartis Philippines Insurance, Inc. reserves the right to not accept and process any application for insurance if the customer fails to provide sufficient evidence to establish his identity.

I am filing a claim in respect of : -

Please Tick Applicable Coverage

BENEFITS	
<u>EMERGENCY MEDICAL ASSISTANCE AND MEDICAL EXPENSES</u>	
<input type="checkbox"/>	Accidental Death
<input type="checkbox"/>	Total and irrecoverable loss of sight of an eye or both eyes
<input type="checkbox"/>	Permanent loss of use of one or both limbs
<input type="checkbox"/>	Total and irrecoverable loss of sight in one eye and loss of use in one limb
<input type="checkbox"/>	Permanent Total Disablement, other than loss of sight or limb
<input type="checkbox"/>	Medical Expenses – reimburses medical fees incurred while traveling
<input type="checkbox"/>	Follow-up Treatment - reimburses medical fees for follow-up treatment in the Philippines
<input type="checkbox"/>	Emergency Medical Evacuation – reimburses expenses incurred to move to another location for medical treatment in the event the event of accidental injury or sickness
<input type="checkbox"/>	Hospital Confinement Benefit – pays for hospital room and board expenses due to injury or sickness in the Philippines
<input type="checkbox"/>	Emergency Communication Expenses – reimburses communication expenses incurred due to medical emergency
<input type="checkbox"/>	Repatriation Expenses - reimburses expenses incurred in returning the remains of the Insured to place of residence
<input type="checkbox"/>	Compassionate Visit -covers transportation and hotel expenses of immediate family member who took care of the Insured.
<u>TRAVEL INCONVENIENCE ASSISTANCE</u>	
<input type="checkbox"/>	Trip Cancellation - reimburses travel fare/accommodation expenses paid in advance if Insured Person cancels his trip for covered reasons.
<input type="checkbox"/>	Trip Termination - reimburses travel fare/accommodation expenses paid in advance if Insured must return home for covered reasons, without completing the trip
<input type="checkbox"/>	Baggage Delay - reimburses purchases of necessary clothing and toiletries for every 12 hour – period of delay.
<input type="checkbox"/>	Loss or Damage of Baggage/Personal Effects – pays for loss or damage to clothing and personal effects within the baggage
<input type="checkbox"/>	Personal Accident - pays his/her beneficiaries the amount per benefit schedule for bodily injury resulting in Insured's death or disablement as a result of an accident between departure and return dates.
<input type="checkbox"/>	Funeral Benefit – pays for burial and funeral expenses incurred due to accident
<input type="checkbox"/>	Flight Delay - reimburses expenses incurred if flight is delayed for more than twelve (12) hours
<input type="checkbox"/>	Loss of Travel Documents – reimburses expenses incurred in replacing lost passport or visa
<input type="checkbox"/>	Personal Liability – indemnifies Insured for legal liability as a result of death or accidental bodily injury to another person or loss or damage to the property of another person
<input type="checkbox"/>	Hijacking – pays for aircraft hijacking that prevents Insured from reaching his/her destination

I do solemnly and sincerely declare that the foregoing particulars are true and correct in every detail and I agree that if I have made or in any further declaration in respect of the said claim shall make any false or fraudulent statements to suppress, conceal, or falsely state any material fact whatsoever, the Policy shall be void and all rights to recover hereunder in respect of past or future claims shall be forfeited.

I hereby authorize any hospital physician, other person who has attended or examined me, to furnish to Chartis Philippines Insurance, Inc. or its authorized representative, any and all information with respect to any illness or injury, medical history, consultation, prescriptions or treatment, and copies of all hospital or medical records. A duplicate copy of this authorization shall be considered as effective as the original.

DATE

INSURED (Signature over Printed Name)

B) CHECKLIST OF SUPPORTING DOCUMENTS FOR THE CLAIM

COMPULSORY DOCUMENTS FOR ALL CLAIMS

1. Notice of Claim
2. Boarding Passes
3. Philippine Airlines Flight Itinerary

OTHER SUPPORTING DOCUMENTS FOR EACH BENEFIT

Coverage	Documents
Medical Expense Reimbursement	<ul style="list-style-type: none">❖ Medical report from the treating doctor.❖ Original medical receipts and invoices.❖ Police report (where applicable)
Hospital Confinement Benefit	<ul style="list-style-type: none">❖ Medical report from the treating doctor.❖ Original medical receipts and invoices.❖ Police report (where applicable)❖ Hospital Statement of Account
Emergency Medical Evacuation & Repatriation (and for emergency medical treatment / hospitalization)	<ul style="list-style-type: none">❖ Arranged by Emergency Assistance Provider. The Insured Person/ Travel Companion must notify our Emergency Assistance Provider for the arrangement of the Medical Evacuation and Repatriation and emergency medical treatment / hospitalization.
Emergency Communication Expense	<ul style="list-style-type: none">❖ Billing Statement from Telephone Service Provider
Compassionate Visit	<ul style="list-style-type: none">❖ Medical certificate from physician or hospital in case of confinement.❖ Original copy of the Prescription, Official Receipts and Bills of Medical Expenses incurred.❖ Police report on the alleged accident (in case of accident)❖ Invoice/Official Receipt of the transportation and hotel expense of family member who took care of Insured Person
Trip Cancellation	<ul style="list-style-type: none">❖ Medical report and/or Death Certificate of the Insured Person or the immediate family member.❖ Proof of relationship between the Insured Person and the immediate family member.❖ Certification/Affidavit stating the reason for the trip cancellation❖ Booking invoice from Philippine Airlines❖ Letter of confirmation from Philippine Airlines on the amount of airfare paid and amount refunded.❖ Official Receipts of Payments made in advance for trip cancellations❖ Tour Operator's Cancellation Notice
Trip Termination	<ul style="list-style-type: none">❖ Original medical report and/or Death Certificate of the Insured Person or the immediate family member.❖ Proof of relationship between Insured Person and the immediate family member.❖ Certification/Affidavit stating the reason for the trip termination❖ Booking invoice from Philippine Airlines.❖ Letter of confirmation from Philippine Airlines indicating the cost of the un-used portion of the air-ticket and the amount refunded.❖ Official Receipts if Expenses incurred due to trip termination
Baggage Delay	<ul style="list-style-type: none">❖ Original booking invoice.❖ Letter of Confirmation from Philippine Airlines on the duration of and reason for the delay.❖ Receipts of emergency items purchased due to the delayed baggage
Loss or Damage of Baggage & Personal Effects	<ul style="list-style-type: none">❖ Complaint Report against the hotel/varrier responsible for the lost or damaged item❖ Confirmation from PAL regarding Damaged/Lost Baggage❖ Police Report❖ Property Irregularity Report (for checked in baggage)❖ Letter of Confirmation from Philippine Airlines of any amount compensated to Insured Person for the loss.❖ Original purchase receipts & warranty cards (where applicable) for the items claimed.❖ Photograph of the damaged item and the original receipt and quotation for the repair.❖ Inventory and cost of damaged/lost items.
Personal Accident	<ul style="list-style-type: none">❖ Original medical report on the sustained injury.❖ Original medical specialist's report on sustained Permanent Disability.❖ Toxicology Report (where applicable)❖ Photograph of insured (in amputation cases)❖ Police report on the alleged accident.❖ Death certificate, burial permit, and post mortem report.❖ Birth Certificate❖ Marriage Contract
Funeral Benefit	<ul style="list-style-type: none">❖ Original medical report on the sustained injury.❖ Police report on the alleged accident.

Coverage	Documents
	<ul style="list-style-type: none"> ❖ Death certificate, burial permit, and post mortem report. ❖ Birth Certificate ❖ Marriage Contract ❖ Official Receipt of the Funeral Expenses Incurred.
Flight Delay	<ul style="list-style-type: none"> ❖ Confirmation from Philippine Airlines regarding the duration and reason for the flight delay. ❖ Official Receipts of prepaid/additional expenses incurred due to flight delay
Loss of Travel Document	<ul style="list-style-type: none"> ❖ Police Report ❖ Original receipts of additional hotel, travel and communications incurred for obtaining replacement of passport, visa, or air ticket.
Personal Liability	<ul style="list-style-type: none"> ❖ Police Report (should be reported to the Chartis Call Center)
Hijacking	<ul style="list-style-type: none"> ❖ Airline Certification of the incident

And any other documents as the Company may require and shall be in such form and of such nature as the Company may prescribe.