

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 – Overseas**

<b>Travel Insurance (Philippine Airlines) CLAIM FORM – Overseas</b>			
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: _____			
<b>(A) PERSONAL ACCIDENT/SICKNESS - Medical and Additional Expenses</b>			
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>(B) CANCELLATION/TERMINATION</b>			
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

<b>BENEFITS</b>	
<b><u>EMERGENCY MEDICAL ASSISTANCE AND MEDICAL EXPENSES</u></b>	
<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
	<b>Medical Expenses</b> – reimburses medical fees incurred while traveling
	<b>Follow-up Treatment</b> - reimburses medical fees for follow-up treatment in the Philippines
	<b>Hospital Confinement Benefit</b> – pays for hospital room and board expenses due to injury or sickness while abroad
	<b>Emergency Medical Evacuation</b> – reimburses expenses incurred to move to another location for medical treatment in the event of accidental injury or sickness
	<b>Emergency Communication Expense</b> – reimburses communication expenses incurred due to medical emergency
<input type="checkbox"/>	<b>Repatriation Expenses</b> - reimburses expenses incurred in returning the remains of the insured to place of residence
<input type="checkbox"/>	<b>Compassionate Visit</b> -covers transportation and hotel expenses of immediate family member who took care of the Insured.
<input type="checkbox"/>	<b>Child Guard</b> – arranges and pays for transportation and accommodation of an adult family member to take care of minor children who are traveling with the Insured Person, if Insured Person is hospitalized
<b><u>TRAVEL INCONVENIENCE ASSISTANCE</u></b>	
	<b>Trip Cancellation</b> - reimburses travel fare/accommodation expenses paid in advance if Insured Person cancels his trip for covered reasons.
	<b>Trip Termination</b> - reimburses travel fare/accommodation expenses paid in advance if Insured Person must return home for covered reasons, without completing the trip
	<b>Missed Connection</b> - reimburses additional expenses incurred for use of alternative public transportation as a result of missed flights due to unforeseeable circumstances
	<b>Flight Diversion</b> – reimburses additional expenses incurred for use of alternative public transportation as a result of rerouted flights due to unforeseeable circumstances
	<b>Baggage Delay</b> - reimburses purchase of necessary clothing and toiletries for every 12 hour – period of delay.
	<b>Loss or Damage of Baggage/Personal Effects</b> – pays for loss or damage to clothing and personal effects within the baggage up to the maximum benefit amount
	<b>Personal Accident</b> - 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.
	<b>Funeral Benefit</b> – pays for burial and funeral expenses incurred due to accident
<input type="checkbox"/>	<b>Flight Delay</b> (state number of hours) - reimburses expenses incurred if flight is delayed for more than twelve (12) hours by Philippine Airlines
<input type="checkbox"/>	<b>Loss of Travel Documents</b> – reimburses expenses incurred in replacing lost passport or visa
<input type="checkbox"/>	<b>Emergency Cash due to Loss of Travel documents</b> –pays a cash benefit from date loss of passport or visa is reported to police and date replaced
<input type="checkbox"/>	<b>Loss of Personal Money</b> - – reimburses amount in respect of actual loss of cash due to robbery or natural disasters

**BENEFITS**

<input type="checkbox"/>	<b>Personal Liability</b> – indemnifies Insured for legal liability incurred 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"/>	<b>Hijacking</b> – pays for aircraft hijacking that prevents Insured from reaching his/her destination
<input type="checkbox"/>	<b>Car Rental Protection</b> – reimburses any excess or deductible in respect of loss or damage caused by accident to a rented vehicle

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
<b>Medical Expense Reimbursement</b>	<ul style="list-style-type: none"> <li>❖ Medical report from the treating doctor.</li> <li>❖ Original medical receipts and invoices.</li> <li>❖ Police report (where applicable)</li> </ul>
<b>Hospital Confinement Benefit</b>	<ul style="list-style-type: none"> <li>❖ Medical report from the treating doctor.</li> <li>❖ Original medical receipts and invoices.</li> <li>❖ Police report (where applicable)</li> <li>❖ Hospital Statement of Account</li> </ul>
<b>Emergency Medical Evacuation &amp; Repatriation (and for emergency medical treatment / hospitalization)</b>	❖ 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.
<b>Emergency Communication Expense</b>	❖ Billing Statement from Telephone Service Provider
<b>Compassionate Visit</b>	<ul style="list-style-type: none"> <li>❖ Medical certificate from physician or hospital in case of confinement.</li> <li>❖ Original copy of the Prescription, Official Receipts and Bills of Medical Expenses incurred.</li> <li>❖ Police report on the alleged accident (in case of accident)</li> <li>❖ Invoice/Official Receipt of the transportation and hotel expense of family member who took care of Insured Person</li> </ul>
<b>Child Guard</b>	<ul style="list-style-type: none"> <li>❖ Medical certificate from physician or hospital in case of confinement.</li> <li>❖ Original copy of the Prescription, Official Receipts and Bills of Medical Expenses incurred.</li> <li>❖ Police report on the alleged accident (in case of accident)</li> <li>❖ Invoice/Official Receipt of the transportation and hotel expense of family member who took care of minor child</li> </ul>
<b>Trip Cancellation</b>	<ul style="list-style-type: none"> <li>❖ Medical report and/or Death Certificate of the Insured Person or the immediate family member.</li> <li>❖ Proof of relationship between the Insured Person and the immediate family member.</li> <li>❖ Certification/Affidavit stating the reason for the trip cancellation</li> <li>❖ Booking invoice from Philippine Airlines</li> <li>❖ Letter of confirmation from Philippine Airlines on the amount of airfare paid and amount refunded.</li> <li>❖ Official Receipts of Payments made in advance for trip cancellations</li> <li>❖ Tour Operator's Cancellation Notice</li> </ul>
<b>Trip Termination</b>	<ul style="list-style-type: none"> <li>❖ Original medical report and/or Death Certificate of the Insured Person or the immediate family member.</li> <li>❖ Proof of relationship between Insured Person and the immediate family member.</li> <li>❖ Certification/Affidavit stating the reason for the trip termination</li> <li>❖ Booking invoice from Philippine Airlines.</li> <li>❖ Letter of confirmation from Philippine Airlines indicating the cost of the un-used portion of the air-ticket and the amount refunded.</li> <li>❖ Official Receipts if Expenses incurred due to trip termination</li> </ul>
<b>Missed Connection</b>	<ul style="list-style-type: none"> <li>❖ Certificate of flight cancellation from Philippine Airlines</li> <li>❖ Invoice/Official Receipt of Travel Expenses incurred due to missed connection</li> </ul>

<b>Flight Diversion</b>	<ul style="list-style-type: none"> <li>❖ Certification of flight cancellation from Philippine Airlines</li> <li>❖ Invoice/Official Receipt of Travel Expenses incurred due to flight diversion</li> </ul>
<b>Baggage Delay</b>	<ul style="list-style-type: none"> <li>❖ Original booking invoice.</li> <li>❖ Letter of Confirmation from Philippine Airlines on the duration of and reason for the delay.</li> <li>❖ Receipts of emergency items purchased due to the delayed baggage</li> </ul>
<b>Loss or Damage of Baggage &amp; Personal Effects</b>	<ul style="list-style-type: none"> <li>❖ Complaint Report against the hotel/varrier responsible for the lost or damaged item</li> <li>❖ Confirmation from PAL regarding Damaged/Lost Baggage</li> <li>❖ Police Report</li> <li>❖ Property Irregularity Report (for checked in baggage)</li> <li>❖ Letter of Confirmation from Philippine Airlines of any amount compensated to Insured Person for the loss.</li> <li>❖ Original purchase receipts &amp; warranty cards (where applicable) for the items claimed.</li> <li>❖ Photograph of the damaged item and the original receipt and quotation for the repair.</li> <li>❖ Inventory and cost of damaged/lost items.</li> </ul>
<b>Personal Accident</b>	<ul style="list-style-type: none"> <li>❖ Original medical report on the sustained injury.</li> <li>❖ Original medical specialist's report on sustained Permanent Disability.</li> <li>❖ Toxicology Report (where applicable)</li> <li>❖ Photograph of insured (in amputation cases)</li> <li>❖ Police report on the alleged accident.</li> <li>❖ Death certificate, burial permit, and post mortem report.</li> <li>❖ Birth Certificate</li> <li>❖ Marriage Contract</li> </ul>
<b>Funeral Benefit</b>	<ul style="list-style-type: none"> <li>❖ Original medical report on the sustained injury.</li> <li>❖ Police report on the alleged accident.</li> <li>❖ Death certificate, burial permit, and post mortem report.</li> <li>❖ Birth Certificate</li> <li>❖ Marriage Contract</li> <li>❖ Official Receipt of the Funeral Expenses Incurred.</li> </ul>
<b>Flight Delay</b>	<ul style="list-style-type: none"> <li>❖ Confirmation from Philippine Airlines regarding the duration and reason for the flight delay.</li> <li>❖ Official Receipts of prepaid/additional expenses incurred due to flight delay</li> </ul>
<b>Loss of Travel Document &amp; Emergency Cash Benefit due to Loss of Travel Documents</b>	<ul style="list-style-type: none"> <li>❖ Police Report</li> <li>❖ Original receipts of additional hotel, travel and communications incurred for obtaining replacement of passport, visa, or air ticket.</li> </ul>
<b>Loss of Personal Money</b>	<ul style="list-style-type: none"> <li>❖ Police Report</li> </ul>
<b>Personal Liability/Legal Expenses</b>	<ul style="list-style-type: none"> <li>❖ Police Report (should be reported to the Chartis Call Center)</li> </ul>
<b>Hijacking</b>	<ul style="list-style-type: none"> <li>❖ Airline Certification of the incident</li> </ul>
<b>Car Rental Protection</b>	<ul style="list-style-type: none"> <li>❖ Copy of the Rental Agreement</li> <li>❖ Official Receipt of the Expenses incurred in excess of the deduction</li> <li>❖ Police Report</li> </ul>

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