

GENERAL ACCIDENT

Employer's Liability Insurance

Employer's protection against legal liability filed by any employee for damages resulting in bodily injury due to accident or disease, which may or may not lead to death.

Requirements for Quotation:

1. Information about the business :
 - a. business address
 - b. nature of the business
 - c. number of years in the business
2. Employee Profile (number of employees, nationality)
3. Estimated Annual Salaries/Wages

General Claim Guidelines:

1. In case of loss, the insured should notify Pioneer or his broker/agent as soon as he can.
2. Pioneer will then inform the insured on how the claim will be evaluated.
Claim documents may be requested for evaluation and processing of the claim.
3. Once the evaluation process is complete, Pioneer will notify the insured regarding the settlement of the claim.

Claim Documents:

1. Insured's Notice of Claim/Loss
2. 201 File of the employee (i.e. application for employment with picture)
3. Certificate of Employment of the employee including his/her duties and responsibilities and period of employment.
4. Copy of Demand Letter from the involved employee
5. Supporting documents for the amounts being claimed

Pioneer Contact Center:

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