

GROUP TRAVEL INSURANCE



Protect the members of your business, organization, or institution with insurance coverage for accidents incurred while travelling by land, sea or air, around the country or around the globe. This cover includes Accidental Death and Dismemberment, Accidental Medical Expense, Daily Accident/Sickness benefit and Cash Assistance benefit.

Claim Documents:

For Cash Assistance (Death Claim):

- a) Certificate of Claimant/Beneficiaries Form
- b) Certificate of Attending Physician
- c) Certificate of Employment stating last date of active work
- d) Certified True Copy of:
 - Birth and Death Certificates of Insured
 - Birth Certificate of Beneficiary (if, child)
 - Marriage Contract of Beneficiary (if spouse)
- e) Affidavit of Guardianship/Custody and Affidavit of Two (2) Disinterested Persons if:
 - Beneficiary is a minor and his proceeds does not exceed Php 500,000.00
- f) Letter of Guardianship executed by a court of law if:
 - Beneficiary is a minor and his proceeds exceeds Php 500,000.00;
- g) Photocopy of any valid ID of the Insured and the beneficiaries.

For Accidental Death and Disablement

- a) Certificate of Claimant/Beneficiaries Form
- b) Certificate of Attending Physician
- c) Certificate of Employment
- d) Certified True Copy of:
 - Birth and Death Certificates of Insured
 - Birth Certificate of Beneficiary (if, child)
 - Marriage Contract of Beneficiary (if, spouse)
- e) Affidavit of Guardianship/Custody and Affidavit of Two (2) Disinterested Persons if:
 - Beneficiary is a minor and his proceeds does not exceed Php 500,000.00
- f) Letter of Guardianship executed by a court of law if:
 - Beneficiary is a minor and his proceeds exceeds Php 500,000.00;
- g) Photocopy of any valid ID of the Insured and the beneficiaries
- h) Certified True Copy of :
 - Official police investigation report
 - Autopsy or Post Mortem Examination Report
 - Affidavit of Witness/es.

For Accidental Medical Reimbursement

- a) Accident and Sickness Proof of Loss Form
- b) Police or Incident Report , if any
- c) Original copy of medical bills & receipts (if not available, photocopied receipts duly certified by issuing institution)
- d) Physician's prescription for out-patient medicines, if any.

For Daily Sickness Hospital Benefit




- a) Accident and Sickness Proof of Loss Form
- b) Medical Records i.e. Admitting history, discharge summary and statement of account
- c) Photocopy of any valid ID of the Insured.

For Daily Accident Hospital Benefit




- a) Accident and Sickness Proof of Loss Form
- b) Medical Records i.e. Admitting history, discharge summary and statement of account
- c) Photocopy of any valid ID of the Insured
- d) Police or Incident Report , if any
- e) Motorcycle Certification Form, in case of motorcycle accident.

Contact Information:

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