PIONEER YOUR INSURANCE

IMPORTANT INSTRUCTIONS:
Accomplish the form and email it together with the scanned copy of required documents to **migrantclaims@pioneer.com.ph**
with subject format: NEW CLAIM/AGENCY NAME/OFW'S NAME/CLAIM BENEFIT.

Please be informed that the company reserves the right to request for additional documents as deemed necessary. Submission of documents does not guarantee approval of claim. Documents will be reviewed and evaluated subject to limits, terms and conditions of the Insurance Policy. Failure to submit the required claim documents within the prescribed period may be grounds for denial of the claim.

Product: ☐ OFW Mandatory Insurance (Agency-Hired) ☐ Direct-Hired/Balik-Manggagawa	Policy/Statement of Insurance No:

Name of Agency/Assured:	

Name of Agency's Representative: (Last Name, First Name, Middle Name)	Position:

Insured OFW Information

Name of OFW: (Last Name, First Name, Middle Name)	
Name of Employer:	Occupation:
Email address:	Contact Number:
Country of Deployment:	Duration of Employment Contract:
Date of Departure (mm/dd/yyyy):	Date of Arrival (mm/dd/yyyy):

Benefits to Claim:(Please check which is applicable.)   Amount of Claim:

☐ Natural Death   ☐ Compassionate Visit   ☐ Repatriation/Mortal Remains Repatriation
☐ Accidental Death   ☐ Subsistence Allowance   ☐ Money Claims (for OFW Mandatory insurance only)
☐ Permanent and Total Disability   ☐ Medical Repatriation   ☐ Medical Evacuation

List of Documents for Submission:	1.	6.
	2.	7.
	3.	8.
	4.	9.
	5.	10.

Claimant Information (Person filing the Claim)

Name of Claimant: (Last Name, First Name, Middle Name)	Relationship to Insured OFW:
Email address:	Contact Number:

In compliance with the Data Privacy Act of 2012, please give us your consent below.

I agree and consent that to the extent required by law, Pioneer Insurance & Surety Corporation may collect, use, and process my personal information contained in my insurance application form for any of the following purposes, in accordance with the Data Privacy Act of 2012 and Pioneer's Data Privacy Policy:

a. to process my application;
b. to administer my policy/ies;
c. to provide customer service and support;
d. to research and conduct data analytics to improve customer service; and
e. to inform me of latest updates, special offers, and event invites related to my policy/ies.

I am aware and have read Pioneer's Data Privacy Notice, which contains my rights as a data subject, including the right to access and correction, and the right to object, may be viewed via www.pioneer.com.ph/about-us/data-privacy-notice.

☐ Yes, I also like to get special offers, event invitations, and updates from affiliates and partners of Pioneer Insurance & Surety Corporation (list of member companies and partners is shown on www.pioneer.com.ph/about-us). I understand that this requires sharing of my personal contact information with these affiliates and partners with the assurance that my personal contact details are treated with the utmost care and will not be sold to other companies.

_____   _____
Name and Signature   Date and Place

Note: The security of your personal information is our priority. We protect this information by maintaining physical, technical and organizational measures in accordance with the Data Privacy Act of 2012 and other legal requirements, and by following the best practices on data security.

If you have any questions or concerns about your information and/or how we process your personal data, you may contact us through email at **service@pioneer.com.ph** or call us at (02) 7750-5433 from 8 am to 6 pm, Mondays to Fridays.