● PIONEER® OFW INSURANCE

For Agency-Hired OFWs

Claim Required Documents

For claim concerns, please email us at: migrantclaims@pioneer.com.ph

| | BENEFITS | | | | | | | | |
|--|------------------|---------------------|----------------------------------|---------------------------------------|--------------------------------------|--------------------------|------------------------|--------------------------|-----------------|
| Documents of Insured OFW | NATURAL DEATH | ACCIDENTAL DEATH | PERMANENT TOTAL DISABILITY | REPATRIATION COST (NON-MEDICAL) | REPATRIATION OF MORTAL REMAINS | MEDICAL REPATRIATION* | MEDICAL EVACUATION* | SUBSISTENCE ALLOWANCE | MONEY CLAIMS |
| Completely filled-out Claims Form | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Cover Letter stating the type of claim and the amount | | | | ✓ | | ✓ | | ✓ | ✓ |
| Death Certificate (Certified True Copy) duly authenticated by the Philippine Foreign post | ✓ | ✓ | | | ✓ | | | | |
| Passport Copy with Departure and Arrival Stamps from Philippine Embassy | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| OEC/POEA OFW Information Sheet | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Contract of Employment | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Acknowledgment Letter with one (1) valid ID from OFW stating the Amount of Allowance and Date Received | | | | | | | | ~ | |
| Statement of Insurance and Official Receipt | | | | ✓ | | | | | ✓ |
| NLRC documents: Complaint, Quitclaim or Compromise Agreement, and Order | | | | | | | | | ✓ |
| Police Report duly authenticated by the Philippine Foreign Post | | ✓ | | | | | | | |
| Supplementary Medical Report to be Filled-out by OFW's Attending Physician | | | ✓ | | | | | | |
| Medical Certificate stating that the Insured OFW is suffering from or will suffer from any of the following injury(ies)/ailment(s): Complete loss of sight of both eyes Loss of two limbs at or above the ankles and wrists Permanent complete paralysis of two limbs Brain injury resulting in incurable imbecility or insanity Or by health related cause, or by sickness suffered during the employment of the OFW | | | ~ | | | | | | |
| Complete and valid medical reports and certification from the doctor(s) or hospital(s) in the receiving country which should state: the current medical condition of the OFW; that it is medically necessary for the OFW to go back to his home country; and that it is medically necessary for the OFW to be accompanied by either medical escort(s) or non-medical escort(s). | | | | | | ✓ | | | |
| Complete and valid medical reports and certification from the doctor(s) or hospital(s) in the receiving country which should state: • the current medical condition of the OFW; • that there is no adequate medical facility available proximate to the OFW thus, necessitating the OFW's medical evacuation; and • that appropriate medical supervision is needed during the medical evacuation. | | | | | | | ~ | | |
| Certification which states the reason(s) for termination of the Insured OFW's employment and the need for his/her repatriation issued by the Philippine Foreign post or POLO located in the receiving country | | | | ~ | | | | | ✓ |
| Copy of detailed airline ticket plus Official Receipt showing who paid the ticket, whom the ticket is paid for, and the cost of the ticket | | | | ✓ | | | | | |
| Certification issued by the concerned labor attaché or the embassy, or consular official, stating the title of the legal case the OFW is involved in, the names of the parties, the nature of the cause of action of the OFW and the court or quasi-judicial body before which the case is pending. | | | | | | | | ~ | |

The company reserves the right to request additional documents as deemed necessary.

Documents required from the beneficiary(ies):

- Birth Certificate of the OFW (if beneficiary is/are the parent(s))
- Birth Certificate of the beneficiary (if the beneficiary is a child)
- Marriage Contract (if beneficiary is the spouse)
- Affidavit of legal guardianship (if the beneficiary is a minor)
- Any 2 government IDs (photo and signature bearing identification)
- Other doctuments as may be necessary to establish the identity of the beneficiary(ies)

*IMPORTANT: Our consulting physician must agree that it is medically necessary for the OFW to be repatriated or evacuated; our consulting physician must also agree if escort(s) – medical or non medical – are required. The only one authorized to facilitate the transfer for repatriation is the insurer's international service provider. The insurance coverage for medical repatriation is limited to the cost of the airline ticket of the OFW and the cost of medical or non-medical escort(s); while the insurance coverage for medical evacuation is limited to the cost of the airline ticket/ambulance with medical escort(s), if necessary.

Pioneer secured the services of Sibero ASISTENCIA for Medical Repatriation or Evacuation.

For medical emergency abroad, you may call +63 2 8459 4789.

PIONEER INSURANCE & SURETY CORPORATION