

## NOTIFICATION OF CLAIM (Travel Insurance)

**IMPORTANT INSTRUCTIONS:**

1. Please contact the PGA SOMPO INSURANCE CORPORATION 24/7 assistance hotline immediately (+632 8866 7388) in case you need emergency assistance while travelling.
2. For claims processing, all necessary documents have to be submitted. The company reserves the right to request additional documents as deemed necessary.
3. Submission of required documents does not guarantee approval of claim. The submitted documents will be reviewed and evaluated, subject to the limits, terms and conditions of your existing Travel Policy.
4. This form, together with the required claims documents, must be submitted within 90 days from the day of notification to PGA SOMPO INSURANCE CORPORATION 24/7 assistance hotline. (Please refer to the attached "List of Required Claims Documents")
5. Failure to call the hotline immediately following a claim, and failure to submit the required claim documents within the prescribed period may be grounds for denial of the claim.

### INSURED'S INFORMATION

INSURED'S NAME :		DATE :	
COMPLETE ADDRESS :		POLICY NUMBER :	
BIRTHDATE [mm-dd-year] :	AGE :	GENDER :	
<b>CONTACT INFORMATION</b>	TELEPHONE [HOME] :	[OFFICE] :	[FAX] :
	MOBILE :	EMAIL ADDRESS :	

### CLAIMANT'S INFORMATION

CLAIMANT'S NAME :	MOBILE NUMBER :
COMPLETE ADDRESS :	EMAIL ADDRESS :
	RELATIONSHIP TO INSURED :

### TYPE OF LOSS

PLEASE CHECK THE PARTICULAR TYPE OF LOSS :

MEDICAL EXPENSES   
  REPATRIATION EXPENSES   
  TRIP CANCELLATION   
  TRIP CURTAILMENT   
  PERSONAL ACCIDENT

### DETAILS OF SICKNESS OR INJURY AND HOSPITAL INFORMATION

NATURE AND CONDITION OF SICKNESS OR INJURY :	
PLACE / ADDRESS WHERE SICKNESS OR INJURY OCCURRED :	
HOSPITALIZATION / CONSULTATION DATES :	
NAME OF HOSPITAL :	
HOSPITAL ADDRESS :	TELEPHONE NUMBER :
	FAX NUMBER :
EMAIL ADDRESS :	ATTENDING PHYSICIAN :
DATE/S WHEN PATIENT HAD ANY PRIOR TREATMENT OF THE SAME ILLNESS :	

### ATTENDING PHYSICIAN STATEMENT (IF APPLICABLE)

<input type="checkbox"/> IN-PATIENT <input type="checkbox"/> OUT-PATIENT <input type="checkbox"/> E.R.	COMPLETE DIAGNOSIS OF MEDICAL CONDITION
ADMISSION DATE :	
DISCHARGE DATE :	
DATE OF CONSULTATION :	
Do you consider this consultation / confinement as a continuous treatment for a chronic disease? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the patient have any other diseases or infirmity that is affecting the patients' condition? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, please describe :	_____ ATTENDING PHYSICIAN SIGNATURE OVER PRINTED NAME



**CLAIMS REIMBURSEMENT CHECKLIST**

<p><b>Basic Requirements :</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Duly-accomplished Notification of Claim (NOC)</li> <li><input type="checkbox"/> Request Letter for Reimbursement</li> <li><input type="checkbox"/> Original Official Receipt/s (O.R.) of all payments made</li> <li><input type="checkbox"/> Copy of Passport with Exit/Entry Dates</li> </ul> <p><b>For Medical / Hospitalization (additional) :</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical Report with Admitting Medical History</li> <li><input type="checkbox"/> Clinical / Laboratory Results</li> <li><input type="checkbox"/> Detailed Statement of Account (itemized)</li> <li><input type="checkbox"/> Copy of Operative Report or Histopathology Report</li> <li><input type="checkbox"/> Copy of Registered Death Certificate (if applicable)</li> </ul> <p>Other Documents Submitted : _____</p> <p>_____</p>	<p><b>For Delay or Lost Luggage</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Property Irregularity Report (PIR)</li> <li><input type="checkbox"/> Incident Report from Client</li> </ul> <p><b>For Trip Cancellation / Curtailment</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Airline Itinerary / Booking                             <ul style="list-style-type: none"> <li><input type="checkbox"/> Certification of Trip Cancellation</li> </ul> </li> <li><input type="checkbox"/> Copy of Airline Ticket</li> <li><input type="checkbox"/> Incident Report from Client</li> </ul> <p><b>For Flight Delay</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Certificate from the Airline</li> <li><input type="checkbox"/> Incident Report from Client</li> </ul>
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**FOR EVALUATION PURPOSES (DO NOT FILL-UP)**

REFERENCE FILE NUMBER :	CLAIM OUTCOME : <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
EVALUATION :	PROCESSED BY :
	APPROVED BY :

**FRAUD WARNING:** Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

**DATA PRIVACY STATEMENT:** In submitting this form, I agree that the company shall use the details for the purposes of evaluating and administering travel assistance reimbursements. I understand that my data will only be accessed by authorized personnel who will facilitate and manage any transaction with the company. All information is treated with absolute confidentiality and will not be used for purposes other than those approved.