

INSURANCE CLAIM ADVICE FORM

Date of filing : _____

MEMBERS PROFILE (Pleae fill out necessary data below)

Member's Name :	
Card Number :	
Vehicle Type (ex. Tricycle, Jeep Etc.)	
Date of Membership :	
Mailing Address :	
Contact Telephone Number :	
Name of Beneficiary :	
Relationship to Member :	

STATION (Dealer) INFORMATION

Dealer's Name :	
Service Station Name :	
Station Address :	
Stations Email Address :	
Telephone Number :	

TYPE OF CLAIM (Please check one and fill-in details)

	Accidental Death	Cause	
	Medical Reimbursement	Parts Affected	
	Body Injury (Dismemberment)	Parts Affected	

SUPPORTING DOCUMENTS (Please check every document attached)

Medical Reimbursement Claim	
	Original Copy of Police Report
	Certified Copy of Medical or Doctor's Certificate
	Original Official Receipt of Claim Reimbursement (with TIN and breaddown of expenses)
	Certifired Copy of Driver's License
Additional Requirerelements for Death Claim	
	Certified Copy of Death Certificate
	Certified Copy of Marriage Contract - if Beneficiary is the wife
	Certified Copy of Birth Certificate of the Beneficiary - if beneficiary is the child/ren (must be 18 years old and above)
	Certified Copy of Birth Certificate of the Insured - If the beneficiary is the parent
	Certified Copy of Birth Certificate of both Insured and Beneficiary - if beneficiary is the brother or sister
	Certified Copy of Autopsy Report with Medical Chart

	Checked By :	Received By :
Member's / Claimant's Signature	PhilPacific Insurance Brokers & Managers Inc.	Prudential Guarantee & Ass. Inc.
Date Signed :	Date Received :	Date Received :

* Prudential Guarantee and Assurance Inc., reserves the right to request for additional documents as the need arises.
Aslo, this communication should not be construed as an admission of the company's liability nor waiver of it's rights
and privileges under the said policy.

NOTES :

- * Should the assured fail to submit the required claim documents within four (4) months from the date of accident, it shall mean that the said claim shall no longer be pursued by the Assured.
- * Please complete the above required documents before sending to the Station to avoid delays in processing
- * Dealer must send the soft copy of claim form and all supporting documents to PhilInsure email address below prior to send the original copies to fast track the review and evaluation
- * Dealer must send this form with supporting documents to : Mr. Edmon De Lapa - PhilPacific Insurance Brokers and Managers Inc. with address at Unit 8-A Wynsum Corporate Plaza, 22 F. Ortigas Jr. Road, Ortigas Center, Pasig City
- * For queries, you may contact the following details:

Hierarchy of Escalation	Email Address	Mobile Number
EDMON DE LAPA	edmon.delapa@philinsure.com	0917-791-5974
KEITH SAMARITA	keith.samarita@philinsure.com	0917-122-4990
GIGI ALCASID	gigi.alcasid@philinsure.com	