

# YGC Customer Service

## CLAIM FORM

Please answer **all** questions completely and accurately. Please ensure that all documentary requirements are complete and must be submitted together with this Claim Form.

GENERAL INFORMATION		
Name of Credit Cardholder:	Full Name of the Principal Insured:	CIO / COC Number:
Complete Mailing Address:	Email Address:	Contact Number/s:

FOR DAILY HOSPITAL INCOME & DISABILITY/DISEMBLEMENT CLAIMS			
Name of Insured Patient:	Diagnosis:		
Attending Physician:	Date Admitted:	Date Discharged:	No. Of Days Confined:
Hospital:	Hospital Address:		

FOR DEATH CLAIM		
Date of Death:	Cause of Death:	Place of Death:

### DOCUMENTARY CLAIM REQUIREMENTS

#### A. General Requirements

- Accomplished Client Information Sheet (CIS)
- Copy of 2 valid IDs of the Credit Cardholder (w/ signature)
- Original Insurance Policy / Confirmation of Cover

*In addition to the above General Requirements, below are the list of other required documents depending on the type of claim:*

#### B. For Daily Hospital Income

- \*Notice of Claim
- Hospital Statement of Account duly signed by authorized signatory of the hospital
- Medical Certificate (Original of Certified True Copy)
- Complete Records of Admitting History / Clinical Abstract
- Photocopy of Birth Certificate (if child is the insured patient)
- Photocopy of Marriage Certificate (if spouse is the insured patient)
- For Surgical Confinement: Operative Record
- For Vehicular Accident Confinement: Complete Police Report, Traffic Incident Report w/ sketch, Affidavit of Eye Witness, Copy of Driver's License. *(For Motorcycle Accident, police certification should indicate whether the Insured is wearing helmet at the time of accident)*

#### C. For Total Permanent Dismemberment/Disablement

- Notarized Affidavit of how the accident happened
- Police Report/Incident Report
- Medical Certificate (Original of Certified True Copy)
- Operating Room Report
- Laboratory Results
- Picture of Affected Part

#### D. For Term Life / Accidental Death

- Death Certificate with seal issued by the Local Civil Registrar
- Birth Certificate of the Insured
- Medical Certificate (Original of Certified True Copy)
- Claimant's Statement (to be accomplished by the beneficiary who is 18 years old or above, if below 18, by the guardian)
- Identification of Beneficiary
  - For Spouse:* Marriage Certificate
  - For Children:* Birth Certificate, Marriage Certificate (if married) and other documents as maybe required if child is below 18 years old
  - For Parents/Siblings:* Birth Certificate, Marriage Certificate (if sister is married)

#### Additional documents for Accidental Death:

- Complete Police report / Notarized Incident Report
- Autopsy Report (as may be required)
- Clinical Admitting History and Physical Examination
- OPD/Clinic/ER Records
- Traffic Incident Report w/ sketch
- Affidavit of Eye Witness
- Copy of Driver's License (if insured is the driver)

#### E. Others (as applicable)

- If designated beneficiary is common-law spouse: Original NSO copy of Certificate of Non-Marriage and Affidavit regarding marital status
- If there is discrepancy in the name/date of birth of the insured and/or beneficiary, Affidavit of Discrepancy, Birth Certificate, Baptismal Certificate, Marriage Contract, Voter's Affidavit

\*Notice of Claim - written notice must be submitted **within 30 days** after the occurrence of any loss.

**Documentary Requirements** should be completed and submitted **within 90 days** from the submission of written notice