Claims Form

YOUR PERSONAL INFORMATION

☐ Mr. ☐ Ms. ☐ Mrs.

NAME : _____
Last Name First Name M.I.

Proof of Cover No: _____

Philippine Address : _____

Civil Status : ☐ Single ☐ Married ☑ Separated ☐ Widow/er

Birthdate : _____ Birthplace : _____

TIN : - - - Age : _____

Telephone : Home : - Office : -

Fax : - Mobile : -

Email Address : _____

YOUR PASSPORT DETAILS

Name(as it appears on your passport) : _____
Last Name First Name Middle Name

Passport No. : _____ Issued on: _____ at: _____

TYPE OF CLAIM

- ☐ Accidental Death
- ☐ Natural Death
- ☐ Permanent Total Disablement
- ☐ Repatriation Claim
- ☐ Return of Mortal Remains
- ☐ Subsistence Allowance
- ☐ Money Claims
- ☐ Compasionate Visit
- ☐ Emergency Medical Evacuation
- ☐ Medical Repatriation

YOUR AGENCY

Agency Name : _____

Address : _____

Association : _____

Contact Nos. : Tel. : - Fax : -

email : _____ Agent : _____

YOUR WORK

Company Name : _____

Address : _____

Country : _____

Nature of Business : _____ Industry : _____

Designation : _____

Monthly Compensation: _____ Currency: _____

T.O.C. : From _____ To _____ Contract Yr: _____

YOUR BENEFICIARY(IES)

NAME / RELATIONSHIP	DATE OF BIRTH

*If applicant is single, up to 3 names of immediate family members may be entered.

_____ _____
SIGNATURE DATE

_____ _____
WITNESS DATE