

Daily Hospital Insurance Benefit **CLAIM FORM**

Important Notice

- All information and details provided in this form must be declared truthfully and accurately, to the best of your knowledge and belief.
- Acceptance of this form does not constitute an admission of liability by the Company.
- Any fraudulent claim will result in the policy being declared void.
- Written notice must be submitted via email within 30 days after the incident.
- All required documentation must be completed and submitted within 90 days.
- Full payment of annual premium becomes due and demandable as prerequisite to claim settlement.

Policyholder/
Main Insured :

Policy No.:

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Patient Details:

Full Name:

<i>Last Name</i>	<i>First Name</i>	<i>M.I.</i>

Mailing
Address:

Mobile:

Landline:

E-mail:

Hospital Details:

Date Admitted:
(MM/DD/YY)

Date of Discharge:
(MM/DD/YY)

Diagnosis at time of
Admission:

No. of Days Confined:

Total Amount of Claim:

Documents Required for Claim Assessment:

- 1) Completed **Claim Form**
- 2) Medical Certificate
- 3) Clinical Abstract
- 4) Hospital Statement of Account (with notation of ICU confinement)
- 5) Two (2) government-issued IDs with signature
- 6) Release & Subrogation Form (for online bank payment)

- Additional documents (as necessary):
- 7) Birth Certificate
 - a) of Child, if Patient is co-insured
 - b) of Main Insured, if Patient is co-insured parent
 - c) of Main Insured and Sibling, if Patient is co-insured sibling
- 8) Marriage Contract (if Patient is co-insured spouse)
- 9) Operative Record (for confinement with surgery)
- 10) Police Report (for confinement due to vehicular accident)

**Signature over Printed Name
of Policyholder/ Insured**

Date