

Loyalty Bonus CLAIM FORM

General Information:**Policyholder/ Insured Name :**

Last Name

First Name

M.I.

Complete Address:

Number

Street

Subdivision/ Village

Barangay

Municipality/ City

Province

Zip Code

Mobile:**Landline:****E-mail:****Policy Details:**Date of Effectivity of
Confirmation of Cover:Confirmation of
Cover Certificate No.:Amount of Basic Life
Insurance:Loyalty Bonus as indicated in
the Confirmation of Cover:
*(do not fill up for downgraded/
upgraded plan)***Documents Required for Claim Assessment:**

- 1) Completed **Claim Form**
- 2) Two (2) government-issued IDs with signature
- 3) Copy of Confirmation of Cover
- 4) Notarized Affidavit of Loss in case of lost policy
- 5) Release & Subrogation Form (for online bank payment)

**These documents shall then be ENDORSED to the appropriate insurance company for further processing.*

Signature over Printed Name of
Policyholder/ Insured

Date Submitted