MALAYAN INSURANCE
MALAYAN INSURANCE COMPANY, INC.
A YGC Member

TRAVEL MASTER CLAIMS FORM

Policy Number: _____ COC Number: _____ Effectivity Date: _____

NAME OF INSURED _____ (Surname) _____ (Given Name) _____ (Middle Name)

GENDER ☐ Male ☐ Female **CIVIL STATUS** ☐ Single ☐ Married ☐ Widowed ☐ Separated

_____ **AGE** _____ **DATE OF BIRTH (DD/MM/YYYY)** _____ **BIRTHPLACE** _____ **CITIZENSHIP**

PHILIPPINE ADDRESS _____ (Floor/Unit) _____ (Building) _____ (Number)

_____ (Street) _____ (Subdivision/Village) _____ (Barangay)

_____ (Municipality/City) _____ (Province) _____ (Zip Code) Email Address: _____

CONTACT INFORMATION:

Home Phone Number: _____ Office Phone Number: _____

Mobile Number: _____ Fax Number: _____

PRESENT OCCUPATION: _____ **TAX IDENTIFICATION NUMBER (TIN):** _____

TYPE OF EMPLOYMENT ☐ Government ☐ Private ☐ Others (pls. specify): _____

NATURE OF WORK

☐ Agricultural/Mining
☐ Business/Service
☐ Commercial/Social Personal Services
☐ Construction
☐ Finance/Banking
☐ Insurance
☐ Manufacturing
☐ Real Estate
☐ Transportation/Communication
☐ Wholesale/Retail
☐ Utilities
☐ Healthcare Profession
☐ Government Employee
☐ Others (pls. specify): _____

INCOME BRACKET (per month)

☐ not over PhP 10,000.00
☐ over PhP 10,000.00 but not over PhP 30,000.00
☐ over PhP 30,000.00 but not over PhP 70,000.00
☐ over PhP 70,000.00 but not over PhP 140,000.00
☐ over PhP 140,000.00 but not over PhP 250,000.00
☐ over PhP 250,000.00 but not over PhP 500,000.00
☐ over PhP 500,000.00

NAME OF EMPLOYER: _____

EMPLOYMENT ADDRESS _____ (Floor/Unit) _____ (Building) _____ (Number)

_____ (Street) _____ (Subdivision/Village) _____ (City/State)

_____ (Country) _____ (Zip Code)

CLAIMANT'S INFORMATION

NAME _____ (Surname) _____ (Given Name) _____ (Middle Name)

GENDER ☐ Male ☐ Female **RELATIONSHIP TO PRINCIPAL INSURED** _____

CONTACT INFORMATION OF CLAIMANT

Home Phone Number: _____ Fax Number: _____

Mobile Number: _____ Email Address: _____

I hereby warrant that all information given by me are true and correct to the best of my knowledge, freely and voluntarily given to Malayan Insurance, Co., Inc ("MICO"). I hereby authorize MICO to keep, record, store, use, process my name, address, contact details and all other information I give to MICO, to transfer and share the same to third parties, and other YGC companies, their affiliates, subsidiaries, contractors, partners, agents, intermediaries, and/or other parties they may choose, for survey, statistical analysis, monitoring, research, or direct marketing, promotional, and sale purposes through telephone, e-mail, correspondence, short messaging service, and any other means of communication. If purchasing, transacting and/or acting in behalf of other person(s), I hereby warrant that I am duly authorized to perform such acts and that I am duly allowed to give their information to MICO. I bind myself to advise all other persons in whose behalf I have acted, transacted with and/or purchased any product from MICO of all the terms and conditions herein. I hereby hold MICO, its officers, directors, and employees free and harmless from any liability, directly or indirectly arising from or in connection with the disclosure, sharing, and use of the information stated above."

_____ (Signature over Printed Name) _____ (Date Signed)

CLAIM INFORMATION

KINDLY CHECK TYPE OF CLAIM AND DOCUMENTS (Original or Certified True Copy) SUBMITTED:

General requirements:

- ☐ Policy/Confirmation of Cover
- ☐ Passport
- ☐ Valid ID of Beneficiary/Claimant with signature and address
- ☐ Notarized Affidavit of how the incident happened
- ☐ Police Report
- ☐ NSO Birth Certificate of the beneficiary (if parent/child/sibling)
- ☐ NSO Marriage Certificate of the beneficiary (if spouse)
- ☐ E-tiecket - initial ticket purchased

☐ **Out-patient - EMT**
- ☐ Official Receipts
- ☐ Medical Report
- ☐ Laboratory Results

☐ **In-patient - EMT**
- ☐ Statement of Account (with breakdown)
- ☐ Official Receipts
- ☐ Medical Report
- ☐ Laboratory results
- ☐ Operative record and hispathology results

☐ **Loss of Baggage**
- ☐ Baggage irregularity report
- ☐ Police Report
- ☐ Affidavit of Loss
- ☐ List of lost items with brand, model, type, and corresponding amount

☐ **Baggage Delay**
- ☐ Baggage irregularity report
- ☐ Document stating exact date and time baggage was retrieved
- ☐ Official Receipts of expenses incurred (on toiletries and clothing)

☐ **Loss of Travel Documents**
- ☐ Document issued by the carrier for lost travel tickets/ by the embassy for lost passport
- ☐ Copy of the replacement travel ticket/passport
- ☐ Irregularity report from airline
- ☐ Official reports of travel and communication expenses incurred in getting a replacement travel ticket/passport
- ☐ Police Report

☐ **Flight Delay**
- ☐ Document issued by the airline recognizing the reason of delay
- ☐ Receipt of expenses (food, lodging, transportation)

☐ **Strikes and Highjacking**
- ☐ Document issued by the airline recognizing that such strike/highjack has occurred

☐ **Trip Termination**
- ☐ Medical report of the insured/relative
- ☐ Death Certificate of the insured/relative
- ☐ Document that will satisfactorily prove cancellation and which will also indicate the non-refundable portion of the travel and accomodation expenses

When were you/the insured injured or taken ill?/Date of Death/Date of Loss

Date: _____, 20_____ at _____AM/PM

Date of Admission in the Hospital: _____, 20_____ at _____ A.M./P.M.

Date of Discharge from the Hospital: _____, 20_____ at _____ A.M./P.M.

Name and Address of Hospital where confined: _____

For accident, describe fully how and where the incident occurred:

_____

_____

For sickness, describe type of sickness: _____

I hereby authorize the Physician and/or the hospital Administrator concerned to release any information acquired in the course of my examination or my examination or treatment to any authorized representative of MICO. Furthermore I, the undersigned, declare that the particulars stated on this form are true in every aspect. I have supplied full information on all particulars relevant to this claim and the amounts claimed are lawfully due to me under the terms, conditions and exceptions of the policy.

_____ Signature over Printed Name

_____ Date Signed