



CLIMBS Life and General Insurance Cooperative

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BASIC CLAIM REQUIREMENTS

FICA CLAIM REQUIREMENTS:

- ✓ Certification from the Cooperative
- ✓ Original Copy Certification from the Barangay
- ✓ Clear Pictures
- ✓ Original Copy Certification from the Bureau of Fire Marshall
- ✓ Affidavit (fire victim /owner or renter)duly notarized
- ✓ List of Damage
- ✓ Estimated Cost of Damage
- ✓ Climbs Nonlife Policy No.
- ✓ Proof of Payment
- ✓ Coop application form / or loan application form
- ✓ Area Ocular inspection report

✓ **FACTORS TO CONSIDER IN FIRE INSPECTION:**

- ✓ Location – Exact Address
- ✓ Boundaries – Raw house
- ✓ Occupancy – Residence / Commercial
- ✓ Construction – House storey

IF FIRE STANDARD: Ask for additional requirements such as

- ✓ Authenticated tax declaration
- ✓ Building Permit
- ✓ Complete set of Bldg. Plan
- ✓ re-construction estimate - if whole
- ✓ Erepair estimate – if partial damage

MOTOR CAR:

OWNED DAMAGED

- ✓ Copy of Insurance Policy (photocopy)
- ✓ Official Receipt of the Policy (Photocopy)
- ✓ Certificate of Registration (Photocopy)
- ✓ Official Receipt of Certificate of Registration (Photocopy)
- ✓ Stencil of Motor/or Engine no. of insured Vehicle (Original)
- ✓ Stencil Chassis no. of insured vehicle (Original)

- ✓ Drivers Affidavit (original)
- ✓ Police Report (original)
- ✓ Driver's license (actual driver)together w/ Official Receipt (photocopy)
- ✓ Picture of Insured Vehicle
- ✓ Shop Estimate at Least (3)
- ✓ Contact Number of Assured _____

THIRD PARTY PROPERTY DAMAGED:

- ✓ Certificate of Registration (Photocopy)
- ✓ Official Receipt of Certificate of Registration (Photocopy)
- ✓ Stencil of Motor/or Engine no. (adverse Party) (Original)
- ✓ Stencil Chassis no. (Adverse Party) (Original)
- ✓ Drivers Affidavit (original)

- ✓ Police Report (original)
- ✓ Driver's license (actual driver)together w/ Official Receipt (photocopy)
- ✓ Picture of the Vehicle
- ✓ Shop Estimate at Least (3)
- ✓ Certificate of No Claim
- ✓ Contact Number of Assured _____

THIRD PARTY BODILY INJURY:

- ✓ Medical Certificate Issued by the attending Physician (original)
- ✓ Hospital bill and/ or Statement of Account duly signed by the Billing Clerk (original)
- ✓ Official Receipt Hospital bill and /or Statement of Account (original)

- ✓ Medical Receipts with Prescription (original)
- ✓ Birth Certificate if the Victim if Minor
- ✓ Picture of the insured Victim
- ✓ Affidavit of Desistance of the Victim (if settle in advanced by the Insured)

THIRD PARTY DEATH CLAIM:

- ✓ Medico Legal duly signed by the Attending Physician
- ✓ Authenticated Death certificate
- ✓ Funeral Expense Proof of Payment
- ✓ Birth Certificate
- ✓ Affidavit of Amicable Settlement

- ✓ Marriage Contract (if married)
- ✓ Affidavit of Desistance victim (if settled in advanced)

FIDELITY GURANTEE :

MSPR:

- ✓ copy of policy and endorsement
- ✓ Police Special Written Report
- ✓ Incident Report of
- ✓ Cash in Vault Summary
- ✓ Cash Count Sheet
- ✓ Audit and Inventory Committee Report
- ✓ Photographs

- ✓ Notice of loss
- ✓ Coop endorsement letter
- ✓ Photocopy of Surety bond policy no. and climbs OR
- ✓ Police special written report
- ✓ Complaint Affidavit
- ✓ Audit and inventory committee report
- ✓ Cash count sheet
- ✓ Check deposit slip

Note: This is not an admission of liability but only for the purpose of expediting settlement if ever upon our examination, verification and evaluation it appears that the company is liable. ***Climbs Life and General Insurance Cooperative***, its assigned adjuster & agents reserve the right to require additional documents/ records relevant on the investigation & examination of a claim whenever necessary. Your claim will not be processed unless thepertaining documents are complied and fully submitted. Claims valid only within six (6) months from the date of accident.

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