



Basic Requirements for Death Claim due to Accident

1. Photocopy of Insurance Policy/Endorsement (Attached Copy of Group Master List)
2. Photocopy of Proof of Payment (CLIMBS O.R. &/or P.R.)
3. Fully Accomplished Claimants Statement & Attending Physician Statement (Claim Application Form)
4. Death Certificate (Original or Certified True Copy from the original duly signed by the Local Civil Registrar)
 - If death certificate is photocopy, it should be **originally certified by the local civil registrar** of the place where death occurred with **official seal and bearing** and the local civil registry number indicated on the upper right side of the death certificate.
5. Original copy of the Police Report duly signed by the investigator
 - 5.1 In Lieu of Police Report - Affidavit of Eye Witness duly notarized by the Lawyer or Barangay Captain (if the accident happened in a Remote Area)
6. Proof of Beneficiaries:
 - 6.1 If Declared Beneficiaries is the spouse – Marriage Contract (photocopy will do)
 - 6.2 If declared Beneficiaries are Children:
 - 6.2.1 If children are below 18 years old:
 - 6.2.1.1 Birth Certificate or Baptismal Certificate (photocopy will do)
 - 6.2.1.2 Affidavit of Guardianship duly notarized (original copy)
 - 6.2.2 For married daughter/s:
 - 6.2.2.1 Marriage Contract (to establish the use of another family name)
 - 6.2.3 For children who are legal age and still single – birth certificate or baptismal (photocopy will do)
 - 6.3 If decease is single:
 - If parents of the deceased are still alive, the proceeds of the insurance will be automatically granted to them. We will then require the Birth certificate or Baptismal Certificate of the deceased.
 - If parents of the deceased are already dead, the next in line who is entitled as beneficiary/ies is/are the siblings of the deceased. The following documents will then be required:
 - a. Birth or baptismal certificate of deceased
 - b. Birth or baptismal certificate of all single siblings(brothers/sisters)
 - c. Marriage contract of all married sisters
 - Should the siblings decide to appoint a representative to process and/ or receive the proceeds of the claim, we shall require the following:
 - a. Special Power of Attorney (SPA) duly notarized and original copy should be submitted.
 - b. SPA should be supported by:
 - i. Birth or baptismal certificates for all single sibling
 - ii. Marriage contract for all married sisters
 - iii. Birth certificate or Baptismal certificate of the deceased
 - Should the declared beneficiary wish to transfer his/her rights on the proceeds of insurance in favor of another individual, the following are required:
 - a. Waiver of Rights duly notarized and original copy must be submitted
 - b. Proof to support the waiver (any of the following):
 - i. Proof to support the waiver (any of the following):
 - Birth certificate
 - Marriage Contract
 - Baptismal Certificate
 - **Please check all the data i.e. spelling of names or dates. Should there be a discrepancy in the data of the documents, please attach an Affidavit of Two Disinterested Persons stating the true and correct data.**
 - 6.4 If the deceased, be it married or single has not declared any specific beneficiary, the legal hierarchy of beneficiaries will be followed:
 - 6.4.1 Surviving Spouse
 - 6.4.2 Surviving legitimate, legitimated, legally adopted, and recognized natural children
 - 6.4.3 Surviving illegitimate children without distinction
 - 6.4.4 Surviving parents
 - 6.4.5 Surviving brothers and sisters of the full blood
 - 6.4.6 Surviving brothers and sisters of the half blood
 - 6.4.7 Executors, administrators or assigned

CLIMBS LIFE AND GENERAL INSURANCE COOPERATIVE

Non Life Revised Basic Claims Requirements for Accident and Health



6.5 If the declared beneficiary is only a live-in partner without children, the following documents must be submitted:

- 6.5.1 Certificate of No Marriage from NSO for both the deceased and the surviving live-in partner
- 6.5.2 Affidavit of Cohabitation duly notarized and submitted originally

- o Please note that only then the live-in partner can be recognized if both parties have no legal impediment or both of them are single during their cohabitation and they were living together as husband and wife for not less than seven (7) years. Should there be any legal impediment; the proceeds will then go to:
 - a. The children borne out of their cohabitation
 - b. Surviving parents or siblings

7. Copy of Valid I.D. of the Assured and Beneficiary

Basic Requirements for Hospital Income Benefit

1. Endorsement Letter from Cooperative
2. Photocopy of Application Form
3. Photocopy of Insurance Policy/Endorsement
4. Photocopy of Proof of Payment (CLIMBS O.R. &/or P.R.)
5. Photocopy of Hospital Bill
6. Photocopy of Medical Certificate

Additional Requirements for Family Medical Insurance/Health & Wellness (Medical Reimbursement)

- a. Original Copy of Official Receipts of Hospital
- b. Original Copy of Official Receipts of Medicines with Prescription indicated the Full Name of the Claimant (within the date of confinement)

Additional Requirements for Dependents (Immediate Family)

- a. Spouse – Marriage contract
- b. Children – Birth Certificate
- c. Parents – Birth Certificate of the Assured

Basic Requirements for Medical Reimbursement due to Accident

1. Endorsement Letter from Cooperative
2. Photocopy of Application Form
3. Photocopy of Insurance Policy/Endorsement
4. Photocopy of Proof of Payment (CLIMBS O.R. &/or P.R.)
5. Original Copy of Police Report duly signed by the Investigator
 - 5.1 In Lieu of Police Report – Affidavit of Witness duly notarized by the Lawyer or Barangay Captain (if the accident happened in a Remote Area)
6. Photocopy of Medical Certificate
7. Photocopy of Hospital Bill
8. Original Copy of Official Receipts of Hospital
9. Original Copy of Official Receipts of Medicine with Prescription indicated the Full Name of the Assured

Additional Requirements for Medical Reimbursement due to Accident (Motor Vehicle Insurance)

- a. Photocopy of Driver's License
- b. Photocopy of CR & OR