



CLIMBS Life and General Insurance Cooperative

Zone 5, National Highway, Bulua, 9000 Cagayan de Oro City, Philippines
 Telefax Nos.: (08822) 738738; (088) 8561355 Tel. Nos. (08822) 738722; 738886
 Email: head_office@climbs.coop Website: www.climbs.coop

To the COOPERATIVES:

Please be guided accordingly to the following **PERSONAL ACCIDENT REQUIREMENTS.**

CLAIMS GUIDELINES AND SUPPORTING DOCUMENTS:

ACCIDENT DEATH / UNPROVOKED MURDER & ASSAULT

- 1) ENDORSEMENT LETTER FROM THE COOPERATIVE
- 2) COPY-POLICY/ AND OR ENDORSEMENT (Attached copy-GroupMasterlist)
- 3) COPY-CLIMBS OFFICIAL RECEIPTS
- 4) FULLY ACCOMPLISHED ATTENDING PHYSICIAN'S STATEMENT (ORIGINAL COPY) - Attending Physician's Statement – to be filled-up by the doctor who attended the deceased
- 5) DEATH CERTIFICATE (DULY AUTHENTICATED FROM REGISTRY OF DEEDS)
- 6) AUTOPSY REPORT (IF ANY)
- 7) POLICE REPORT/ AND OR AFFIDAVIT OF ACCIDENT-WITNESS
- 8) IF IN CALL THE ACCIDENT HAPPEN IN A REMOTE AREA:
 - AFFIDAVIT OF EYE WITNESS
 - BARANGAY CERTIFICATE
- 9) PHOTOGRAPH/NEWSPAPER CLIPPING (IF ANY)
- 10) PROOF OF RELATIONSHIP TO BENEFICIARY (BIRTH CERT./ MARRAIGE CONTRACT)
 - a. if declared beneficiary is spouse – Marriage Contract I(Photocopy only)
 - b. If declared beneficiary are children – Birth certificate/Baptismal certificate-original
 - c. If declared beneficiary is married daughter- Marriage Contract
 - d. If the deceased is single- Birth or baptismal certificate of the deceased

LUZON BRANCH OFFICE	BAGUIO AREA OFFICE	NAGA AREA OFFICE	CEBU AREA OFFICE	DAVAO AREA OFFICE	ILOILO AREA OFFICE
Units 501,505,604 & 605 6F EU State Tower 30 Quezon City, Philippines 1100 TF: (063) (02) 511 7078 Email: metro_manila@climbs.coop	Room 402, Lyman Ogilby Centrum Magsaysay Avenue Baguio City, Philippines 2600 TF: (063) (74) 422 6720 Email: metro_baguio@climbs.coop	2F Ramaida Building Elias Angeles, Santa Cruz Naga City, Philippines 4400 TF: (063) (54) 881 7604 Email: nagaclimbs@gmail.com	6F Cebu CFI Building Capital Compound Cebu City, Philippines 6000 TF: (063) (32) 255 2234 Email: metro_cebu@climbs.coop	Door 27 A6B, CAM Building Monteverde-Alvarez Streets Davao City, Philippines 8000 TF: (063) (82) 305 1398 Email: marge_climbsdvo@yahoo.com	Door 26, Ground Floor Zerrudo Commercial Comp Jaro, Iloilo City, Philippines TF: (063) (33) 320 0625 Email: metro_iloilo@climbs.coop



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11) ACCOMPLISHED: CLAIMANT'S STATEMENT AND IDENTIFICATION

- a. Claimant's Statement- to be filled-up by the declared beneficiary
- b. Identification- to be filled-up by somebody who knows the deceased (third party)

12) OFFICIAL RECEIPTS OF BURIAL EXPENSE

12) COPY-VALID ID OF ASSURED AND BENEFICIARY

ACCIDENT MEDICAL REIMBURSEMENT / HOSPITAL INCOME BENEFITS

1) ENDORSEMENT LETTER FROM THE COOPERATIVE

2) COPY-POLICY/ AND OR ENDORSEMENT (Attached copy-Group Masterlist)

3) COPY-CLIMBS OFFICIAL RECEIPTS

4) MEDICAL CERTIFICATE-ORIGINAL COPY

5) HOSPITAL BILLING STATEMENT OF ACCOUNT

6) OFFICIAL RECEIPTS AS PROOF OF PAYMENT OF THE HOSPITAL BILL & PROFESSIONAL FEES (ORIGINAL COPY)

7) MEDICAL/PHARMACY RECEIPTS (WITH DOCTOR'S PRESCRIPTIONS FOR MEDICINES BOUGHT OUTSIDE)

8) POLICE REPORT/ AND OR AFFIDAVIT OF ACCIDENT-

WITNESS

9) IF IN CALL THE ACCIDENT HAPPEN IN A REMOTE AREA:

- AFFIDAVIT OF EYE WITNESS
- BARANGAY CERTIFICATE

11) COPY-BIRTH CERTIFICATE OF THE ASSURED/CLAIMANT

12) COPY-VALID ID OF THE ASSURED/CLAIMANT

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