



For Claims Support or Medical Assistance, please call:

+632 459 4774

LIST OF CLAIMS DOCUMENTS REQUIRED (WHEN FILING A TRAVEL INSURANCE CLAIM)

I. COMPULSORY DOCUMENTS FOR ALL CLAIMS

Table with 2 columns and 3 rows listing compulsory documents: 1. Completed Claims Form, 2. Letter of Request / Incident Letter, 3. Copy of Insurance policy, 4. Original Official Receipts of all payments made, 5. Copy of Flight Itinerary & boarding passes, 6. Copy of Passport (pages with details and dates stamped for entries and departures)

II. OTHER SUPPORTING DOCUMENTS FOR EACH BENEFIT

1. MEDICAL & HOSPITALIZATION EXPENSES ABROAD

- a. Original medical report / abstract with Medical History of present illness.
b. Clinical Test / Laboratory Results
c. Detailed Original Hospital Statement of Account
d. Copy of Operative and/or Histopathology Reports
e. Police report (if applicable. Example: accidents)

2. EMERGENCY AND ACCIDENTAL DENTAL CARE

- a. Original dental report / abstract with dental History of present illness.
b. Clinical Test / Laboratory Results
c. Detailed Original Hospital Statement of Account
d. Copy of Operative and/or Histopathology Reports (if applicable: accident related)
e. Police report (if applicable. Example: accidents)

3. EMERGENCY MEDICAL EVACUATION & REPATRIATION

(transport or repatriation in the event of covered illness/accident)
Arranged by Emergency Assistance Provider.
Please call +632459 4758

4. REPATRIATION OF MORTAL REMAINS

Arranged by Emergency Assistance Provider.
Please call +632459 4758

5. COMPASSIONATE VISIT/ TRAVEL OF ONE IMMEDIATE FAMILY MEMBER

- a. Original medical report / abstract with Medical History of present illness.
b. Medical certificate from physician or hospital
c. Clinical Test / Laboratory Results
d. Copy of Operative and/or Histopathology Reports
e. Police report (if applicable. Example: accidents)
f. Original Invoice & Official Receipt of the transportation and hotel expense of family member who took care of Insured Person.
f. Copy of flight itinerary and official receipts of Airfare.

6. CARE OF MINOR CHILDREN (escort of dependent child)

- a. Original medical report / abstract with Medical History of present illness.
b. Medical certificate from physician or hospital
c. Clinical Test / Laboratory Results
d. Copy of Operative and/or Histopathology Reports
e. Police report (if applicable. Example: accidents)
f. Original Invoice & Official Receipt of the transportation and hotel expense of family member who took care of the minor child.

- f. Copy of flight itinerary and official receipts of Airfare.

7. TRAVEL CANCELLATION EXPENSES (Documents may be required as applicable on the coverage)

- a. Original medical report and/or Death Certificate of the Insured Person or the immediate family member. (Documents must reflect the date of occurrence, admission to hospital, death, accident, the diagnosis, the clinical background and treatment prescribed)
b. Proof of occurrence of covered incident such as police report, fire fighter's report, insurance insurer report, etc (Document must include date of accident, type of damage in case of fire loss)
c. Proof of relationship between Insured Person and the immediate family member
d. Certification/Affidavit stating the reason for the trip cancellation
e. Original copy of invoice and receipts for proof of advance payment made for transportation and accommodation expenses issued by the agency or directly by the wholesaler (Airline & Hotel) and a copy of the travel voucher issued by the agency.
f. A copy of photocopy copy of the cancellation expenses invoice by the travel wholesalers to the retail agency, and a copy of the general condition of sale of the wholesaler & retailer (Travel) agency
g. Original cancellation document proving the non-refundable portion specified (e.g. travel agency's certification, letter from the airline to the travel agency or client stating that the carrier can't refund the airfare, and statement from the hotel regarding cancellation policies).
h. Cancellation expenses invoice or payment slip
i. Other documents that will be required (depending on reason of the travel cancellation)

8. TRIP CURTAILMENT (Documents may be required, as applicable on the coverage)

- a. Original medical report and/or Death Certificate of the Insured Person or the immediate family member
b. Proof of relationship between Insured Person and the immediate family member
c. Certification/Affidavit stating the reason for the trip curtailment

- d. Proof of occurrence of covered incident such as police report, fire fighter's report, insurance insurer report, etc..

- e. Original copy of invoice and receipts for proof of advance payment made for transportation and accommodation expenses issued by the agency or directly by the wholesaler (Airline & Hotel) and a copy of the travel voucher issued by the agency.

- f. Copy of the general condition of sale of the wholesaler & retailer (Travel) agency

- g. Original cancellation document proving the non-refundable portion specified (e.g. travel agency's certification, letter from the airline to the travel agency or client stating that the carrier can't refund the airfare, and statement from the hotel regarding cancellation policies).

- h. Original official receipts for the additional fees paid for the return ticket to home country such as no show fee, rebooking fees, penalties, etc.. with a copy of the new travel itinerary
i. Other documents that will be required (depending on reason of cutting the trip short)

9. BAGGAGE DELAY

- a. Original Property Irregularity Report (P.I.R.) from airline
b. Original receipts of articles of basic necessity purchased due to delay of luggage
c. Original acknowledgement receipt/form stating the exact date and time when the baggage was received by the Assured.

10. COMPENSATION FOR IN-FLIGHT LOSS OR DESTRUCTION OF CHECKED-IN BAGGAGE

- a. Original formal complaint before the police at the place where then incident occurred, duly listing the contents of the luggage and their economic value.
b. Written complaint before the carrier company, within the time limits established by each company.
c. Obtain a certificate of the said complaint. Property Irregularity Report (P.I.R) from airline
d. List of contents of the luggage with estimated price and date of purchase of each item.
e. Photograph of the damaged item and the original receipt and/or quotation for the repair.
f. Original certification of settlement of the compensation payment by the carrier.

11. FLIGHT DELAY

- a. Original Certification from Airline
- b. Original official receipts of expenses incurred due to incident.
- c. Copy of the flight itinerary of the actual time and date of departure.

12. LOSS OF TRAVEL DOCUMENTS

- a. Original Police report from the place where incident occurred
- b. Original receipts of expenses for transportation and/or accommodation to go to the place where documents will be issued
- c. Original receipts for costs or fees to obtain new travel document

13. LOSS OF PERSONAL MONEY

Police Report & any document that will show proof of the possessions such as bank/withdrawal and ATM receipt, etc...

14. PERSONAL ACCIDENT

- a. Copy of Death Certificate
- b. Original Police Report
- c. Copy of Medical Report or Medical Certificate

(if

- treated outside accredited network)
- d. Relevant legal Documents of the Beneficiaries establishing the relationship to the Insured Cardholder
- e. Any documents deemed necessary by the Insurance Company

IMPORTANT NOTICE:

Advice of Loss should be made as soon as possible

Claim Form, together with the required claims documents, must be submitted within 90 days from the date of incident

The services arranged by the Insured on his/her own behalf, without prior communication or without the consent of The Company is a POLICY EXCLUSION, except in the case of urgent medical necessity (a life threatening condition based on physician's assessment). In that event, the Insured must notify the Insurer PRIOR to being discharged from the hospital. Non advice to the Insurer prior to Insured being discharged is a ground for denial of the claim. Insured must furnish the Insurer with the vouchers and original copies of the official receipt / or proof of payment made.

The HOSPITAL may, but shall not be obliged to, admit an Insured for emergency treatment without first receiving Guarantee Of Payment (GOP) from MAPFRE. In any event, MAPFRE agrees to issue a response to the Supplier via email within six (6) hours. Under life threatening condition (based on physician's assessment), the above requirement will be put on hold for immediate medical attention including admission and treatments, and the financial requirements will be processed once the patient stabilizes."