



CREDIT SHIELD CRITICAL ILLNESS STANDARD DOCUMENTARY REQUIREMENTS

(All documents must either be in Original or Certified True Copy)
Upon submission of complete basic requirements, Claims and Benefits Services may require additional documents or information depending on the case.

CLAIMANT STATEMENT

This must be clearly and completely filled out by the Insured.

If the Insured is unable to sign Claimant Statement:

Thumb mark is acceptable, if:

- Countersigned by the Spouse, if married;
- Countersigned by his/her children of legal age, if the Insured is a parent; or
- Countersigned by Parent (or next of kin in the absence of Parent), if the Insured is single.

TWO VALID IDENTIFICATION CARDS OF INSURED

These must be clear photocopies with 3 specimen signatures and stamp indicating that the Original ID was seen.

PHOTOCOPIES OF SOA

Statement of Account of all primary and supplementary credit cards must be provided. Billing Statement before and date of diagnosis/surgery. Ensure monthly premium collection are correct.

SCREENSHOT OF CREDIT SHIELD DETAILS

REASON FOR LATE FILING OF CLAIM

If claim is filed beyond 90 days from discharge date

Section L.a of Master Policy contract

Written notice is given to the INSURER within 90 days after any of the Events giving rise to a Benefit. Failure to give notice within the time provided in this Policy shall not invalidate or reduce any claim if it can be shown that it was not reasonably possible to do so and that notice was given as soon as reasonably possible;

ADMISSION AND DISCHARGE SUMMARY OR CLINICAL ABSTRACT

IF POLICY IS LESS THAN TWO YEARS FROM THE EFFECTIVITY DATE OR DATE OF APPROVAL OF LAST REINSTATEMENT

COMPLETE MEDICAL RECORDS

This must be duly certified by the issuing hospital/institution.

- Consultation Record, diagnostic results (including APE), confinement records before policy effectivity date or date of last reinstatement (Certified True Copy); and
- History Sheet: Contains chief complaint, personal, and family history (past and present).

LIST OF VALID IDs

- Passport
- Driver's License
- Professional Regulations Commission (PRC) ID
- Police Clearance
- Postal ID
- Voter's ID
- Photo-Bearing Barangay ID/Certification
- GSIS e-Card

- SSS Card
- Philhealth Card
- Senior Citizen's Card
- Overseas Workers Welfare Administration (OWWA) ID
- OFW ID
- Seaman's Book
- Alien Certificate of Registration/Immigrant Certificate of Registration
- Government Office ID (e.g. AFP, Home Development Mutual Fund, Department of Education IDs) and IDs issued by government instrumentalities
- Photo-Bearing ID/Certification from the National Council for the Welfare of Disabled Persons (NCWDP)
- Department of Social Welfare and Development (DSWD) photo-bearing ID/Certification
- Firearms License
- ID issued by the Bureau of Internal Revenue
- Photo-Bearing Credit Card
- Photo-Bearing Health Card issued by Health Maintenance Organizations

IF THE INSURED EVENT HAPPENED OUTSIDE THE PHILIPPINES

- All forms and proofs of claim obtained outside the Philippines must be in English and duly authenticated by the Philippine Embassy or Consul of the country where the event happened.

IF CLAIMANT IS OUTSIDE THE PHILIPPINES

- Signed Claimant statement authenticated by the Philippine Embassy or Consul.
- Special Power of Attorney (SPA) authenticated by the Philippine Embassy or Consul regarding transactions, signing and/or payment/ release of proceeds. In case there is remaining share payable to the Cardholder.



CREDIT SHIELD CRITICAL ILLNESS ADDITIONAL REQUIREMENTS PER TYPE OF CRITICAL ILLNESS

*(All documents must either be in Original or Certified True Copy)
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may require additional documents or information depending on the case.*

BLINDNESS

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Ophthalmologist
- Light Perception
- Proof of Accident, if applicable
- Record of Operation, if any
- Slit Lamp result
- Visual Acuity

CANCER

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Oncologist
- Biopsy and/or Histopathology Result
- If Leukemia, Bone Marrow Diagnostic result

CORONARY ARTERY BYPASS GRAFT

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist and Cardiovascular Surgeon
- All ECG results and interpretation
- Coronary Angiogram Result
- Echocardiogram, if any
- Record of Operation

HEART ATTACK

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Cardiologist
- All ECG results and interpretation - Series
- Cardiac Enzyme – Troponin / CK-MB
- Coronary Angiogram Result
- Echocardiogram, if any

MAJOR ORGAN TRANSPLANT

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by:
Bone Marrow – Hematologist
Kidney – Nephrologist
Liver – Hepatologist
Heart – Cardiologist
Lungs – Cardiovascular surgeon or Pulmonologist
- Record of Operation

KIDNEY FAILURE

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Nephrologist
- 24-hour urine collection result
- BUN
- Creatinine
- Dialysis Record (Certified True Copy)
- Glomerular Filtration Rate (GFR)
- Renal Function Test

STROKE

- ATTENDING PHYSICIAN'S STATEMENT
Accomplished by Neurologist
- All CT scan/s
- MRI result/s