



CREDIT SHIELD DISABILITY 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-up 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 the Parent (or next of kin in the absence of Parent), if the Insured is single.

ATTENDING PHYSICIAN'S STATEMENT/S

This must be duly accomplished by the Physician/s who attended to the Insured.

For loss of sight, APS must be accomplished by an Ophthalmologist.

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;

TWO VALID IDENTIFICATION CARDS OF INSURED

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

ADMISSION AND DISCHARGE SUMMARY OR CLINICAL ABSTRACT (Certified True Copy)

RECORD OF OPERATION, if any (Certified True Copy)

EMPLOYER'S CERTIFICATION, if any.

For Temporary Disablement, indicate no. of days on sick leave. For Permanent Disablement, reason for resignation/termination of employment is due to medical condition.

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, increase of coverage or addition of the benefit. (Certified True Copy); and
- History Sheet: Contains chief complaint, personal, and family history (past and present).

PERMANENT DISABLEMENT

Follow standard requirements

CLINICAL ABSTRACT (Certified True Copy)

Insured's condition for a period of six consecutive months of continuous disability.

SSS CERTIFICATION ON TOTAL AND PERMANENT DISABILITY, if any

LOSS OF SIGHT

- Light Perception
- Slit Lamp result
- Visual Acuity

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

CREDIT SHIELD DISABILITY ADDITIONAL 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.*

IF INCIDENT IS DUE TO EXTERNAL CAUSES (Accident, etc.)

- Certified true copy of the Final Police Investigation Report or NBI Report;
- Original or certified true copy of Sworn Statement or Affidavits on file of at least two witnesses to the incident or Affidavit of at least two persons cognizant of the circumstances surrounding Insured's violent death, injury, or disability;
- Duly certified copy of the Criminal Complaint filed in the court, if any, or Fiscal's Resolution, if any.

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; and
- 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 a remaining share payable to the Cardholder.