

#### MEMBER HOTLINE

If you have concerns regarding your benefits or wish to check the status of your claim, please call the 24/7 Pacific Cross Member Hotline.

**Tel. No.: +63 2 8230-8511**

Notice of claims must be given to Pacific Cross within 30 days upon expiration of travel insurance or of completion of events for which the claim is being made. All benefits are subject to the provisions, terms and conditions of the Policy.

#### A. PARTICULARS OF CLAIMANT

<b>First Name:</b>			
<b>Middle Name:</b>		<b>Last Name:</b>	
<b>Official Confirmation of Coverage (OCC) Number:</b>			

**Note:** Please attach a copy of the OCC.

#### CONTACT DETAILS:

<b>Home Address:</b>		<b>Tel. No.:</b>	
<b>Office Address:</b>		<b>Tel. No.:</b>	
<b>Mobile No.:</b>		<b>Fax No:</b>	
<b>E-mail Address:</b>			

#### B. AUTHORITY, RELEASE, AND DECLARATION STATEMENTS

**Authority:** I hereby authorize Pacific Cross Insurance, Inc. and all persons duly authorized and acting on their behalf to request and receive any information or document and record from any office or entity including but not limited to airlines/carrier, travel agencies, hotels, hospital, clinic, laboratory, attending physician and other health service provider, which information or document relates to any travel and accommodation papers and other related documents, medical history, examination, laboratory test results and/or treatment in connection with this claim, and such other matters related thereto. A photocopy of this is considered an original for all intents and purposes.

**Release & Subrogation:** Any payment made by Pacific Cross or any payment received by me shall constitute as full, final and complete settlement of this claim. I further agree that the Company is subrogated to my rights of recovery on all claims and rights of action to the extent of the payments made and/or on account of the losses incurred or which may be incurred by the Company against any person, corporation or entity in connection with this claim and I further agree to authorize the Company to commence all legal actions and proceedings necessary to enforce my claim or recovery thereof with any undertaking to extend my cooperation or assistance whenever necessary.

**Fraud Warning:** It is understood that Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance, and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim.

**Data Privacy Consent:** I understand that Pacific Cross collects and uses my personal data to service and administer my insurance policy, to provide appropriate and timely Medical and Travel Services, and for the purposes provided in the Pacific Cross Privacy Statement (available at [www.pacificcross.com.ph](http://www.pacificcross.com.ph)). By signing this form, I acknowledge that I have read and agree to the terms of the Privacy Statement, and understand that my data may be collected, shared, disclosed, transferred, used or otherwise processed by Pacific Cross in accordance with the Data Privacy Act of 2012, its implementing rules and regulations, and the Privacy Statement. Nothing in this form is intended to revoke or supersede any prior consent that I have given to Pacific Cross in respect of the processing activities involving my personal data.

**Declaration:** I declare that all particulars stated on all pages of this form are complete and true, whether written by me or by anyone else on my behalf, shall be binding on me, and that the amounts being claimed herein are lawfully due to me under the terms and conditions of the Insurance Policy.

<b>Name of Claimant, or of Principal Insured (if Claimant is a Minor) or the Beneficiary (if the Claimant/Principal Insured is incapacitated by Illness):</b>	
<b>Signature of Claimant, or of Principal Insured (if Claimant is a Minor) or the Beneficiary (if the Claimant/Principal Insured is incapacitated by Illness):</b>	
<b>Date (mm/dd/yyyy):</b>	

**C. Please check the appropriate box and submit the required documents to Pacific Cross. The Company reserves the right to request for additional documents as deemed necessary.**

**BASIC CLAIMS REQUIREMENTS:**

- Duly accomplished Notification of Claim (NOC) Form
- Copy of Travel Official Confirmation of Coverage (OCC)
- Copy of Passport pages showing the dates of departure and arrival corresponding with the itinerary on the OCC
- Original itinerary (e.g., itinerary or e-ticket purchased prior to the commencement of the trip)

4. Copy of the Medical Report (pertaining to the Confinement) from the Hospital or Attending Physician/s (e.g., clinical abstract or admitting history, discharge summary, etc.)

☐ **BAGGAGE DELAY BENEFIT**

1. Basic Claims Requirements
2. Original Baggage Irregularity Report issued by the airline or carrier
3. Original Acknowledgement Receipt or form stating the exact date and time when the baggage was retrieved

☐ **LAND VEHICLE RENTAL EXCESS PROTECTION BENEFIT**

1. Basic Claims Requirements
2. Photocopy of the vehicle rental contract or agreement
3. Original Official Receipt of the rental fee and damage fee in excess of the rental company's insurance coverage
4. Original Police Report (if the Accident was reported to the police authorities e.g., vehicular Accident)
5. Original Affidavit received by the rental company stating the facts of the Accident or damage to the rented vehicle.

☐ **LAND VEHICLE RETURN BENEFIT**

1. Basic Claims Requirements
2. Photocopy of the vehicle rental contract or agreement
3. Original Official Receipt of the penalties and charges related to the late return of the rented land vehicle

☐ **LOSS OF BAGGAGE AND PERSONAL EFFECTS BENEFIT**

1. Basic Claims Requirements
2. Original Baggage Irregularity Report issued by the airline, carrier, hotel or any party in case the loss occurred while such baggage and/or personal effects was under their custody
3. Certification or any proof satisfactory to the Company issued by the airline, carrier, hotel or any party that the lost baggage and/or personal effects was not indemnified, or Certification of Settlement specifying the amount settled
4. Original Official Receipt for the purchase of the lost baggage. If not available, submit an Affidavit for Lost Official Receipt indicating the amount, date of purchase, brand, model, and type
5. Original Official Receipts for the purchase of the lost personal effects. If not available, submit an Affidavit for Lost Official Receipt indicating the amount, brand, model, and type

6. List of items lost (baggage and personal effects), indicating the amount, brand, model, and type
7. Photocopy (unless original is requested by the Company) of the doctor's prescription for the lost Medicine

**If Applicable:**

- Original Police Report, for the loss of other circumstances

**Note:** The Company will cover the cost of the lost baggage subject to depreciation but shall not exceed the maximum benefit limit. Personal effects include clothing, prescribed Medicines, bags, footwear, etc.

☐ **DAMAGE TO BAGGAGE AND PERSONAL EFFECTS BENEFIT**

1. Basic Claims Requirements
2. Original Baggage Irregularity Report issued by the airline, carrier, hotel or any party in case the loss occurred while such baggage and/or personal effects was under their custody
3. Certification or any proof satisfactory to the Company issued by the airline, carrier, hotel or any party that the lost baggage and/or personal effects was not indemnified, or Certification of Settlement specifying the amount settled
4. Original Official Receipt for the purchase of the lost baggage. If not available, submit an Affidavit for Lost Official Receipt indicating the amount, date of purchase, brand, model, and type
5. Original Official Receipts for the purchase of the lost personal effects. If not available, submit an Affidavit for Lost Official Receipt indicating the amount, brand, model, and type
6. List of damaged items (baggage and personal effects)
7. If already repaired, original official receipt for the cost of repair with corresponding details
8. If not repairable, Certification from a registered repair company that baggage is irreparable.

**If Applicable:**

- Original Police Report, for the loss of other circumstances

**Note:** The Company will cover the cost of the damaged baggage subject to depreciation but shall not exceed the maximum benefit limit. Personal effects include clothing, prescribed Medicines, bags, footwear, etc.

☐ **LOSS OR DAMAGE TO SPORTING EQUIPMENT BENEFIT**

1. Basic Claims Requirements
2. Original Baggage Irregularity Report issued by the airline/carrier/hotel/sport facility or any party in case the loss or damage occurred while such sporting equipment was under their custody
3. Certification or any proof satisfactory to the Company issued by the airline/carrier/hotel/sport facility or any party that the lost or damaged sporting equipment was not indemnified, or

Certification of Settlement specifying the amount settled

4. Original Official Receipt for the purchase of the lost or damaged sporting equipment. If not available, submit an Affidavit of Lost Official Receipt indicating the amount, date of purchase, brand, model and type.
5. List of lost or damaged sporting equipment
6. If already repaired, original Official Receipt for the cost of repair with corresponding details

**If Applicable:**

- Original Police Report for loss due to other circumstances

**Note:** The Company will cover the cost of the lost or damaged sporting equipment subject to depreciation but shall not exceed the maximum benefit limit.

☐ **LOSS OF GADGET BENEFIT**

1. Basic Claims Requirements
2. Original Baggage Irregularity Report issued by the airline/carrier/hotel or any party in case the loss occurred while such gadget(s) was under their custody
3. Certification or any proof satisfactory to the Company issued by the airline/carrier/hotel or any party that the lost gadget(s) was not indemnified, or Certification of Settlement specifying the amount settled
4. Original Official Receipt for the purchase of the lost gadget(s). If not available, submit an Affidavit for Lost Official Receipt indicating the amount, date of purchase, brand, model, and type.

**If Applicable:**

- Original Police Report for loss due to other circumstances

☐ **THEFT OF CASH BENEFIT**

1. Basic Claims Requirements
2. Original Police Report is required in all instances

☐ **LOSS OF TRAVEL DOCUMENTS BENEFIT**

1. Basic Claims Requirements
2. Original Police Report is required in all instances
3. Original Official Receipts for the replacement fee of lost passport, unused visa and re-issuance of travel tickets of the same class
4. Photocopy of the replacement of passport, visa and re-issued travel tickets
5. Original Official Receipts for the travel and unplanned accommodation expenses

**If Applicable:**

- Original Itinerary, if claiming for lost travel tickets
- Original Baggage Irregularity Report issued by the airline, carrier, hotel or any party in case the documents were lost within their premise

☐ **MOBILE PHONE CHARGES**

1. Basic Claims Requirements
2. Copy of mobile phone's billing statement

3. If applicable, original Official Receipt for the SIM card payment

☐ **EMERGENCY TRIP CANCELLATION BENEFIT**

1. Basic Claims Requirements
2. Proof of advance payment made for travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip
3. Legal document proving trip cancellation with the non-refundable portion specified (e.g., Certification from Travel Agency or Tour Operator, Letter from the Airlines/Carrier, Certification from the Hotel)

**If Applicable:**

- Photocopy of the Death Certificate, in case of death of the Insured Person or his Immediate Family
- Original and full Doctor's Report on the emergency medical treatment of the Insured or his Immediate Family, within the degree of relationship specified in the Policy
- Original Physician's written declaration of patient being unfit to travel
- In case of medical treatment or death of the Insured's Immediate Family, please submit the following documents:
  - Necessary Birth Certificate/s and/or Marriage Certificate/s to prove the relationship with the Immediate Family member or
  - Notarized Insured's declaration of relationship with the Immediate Family member
- Original Police Report, in case of lost travel documents
- Public documents (e.g., newspaper, magazines, etc.), online news and/or official advisory that report natural catastrophe, unexpected outbreak of strike, riot, civil commotion or sudden acts of Terrorism
- Original Irregularity Report issued by the airline, carrier, airport stating the reason of the cancellation

☐ **TRIP CANCELLATION FOR ANY REASON**

*(available only for Blue Royale Travel+)*

1. Basic Claims Requirements
2. Proof of advance payment made for travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip
3. Legal document proving trip cancellation with the non-refundable portion specified (e.g., Certification from Travel Agency or Tour Operator, Letter from the Airlines/Carrier, Certification from the Hotel)

☐ **EMERGENCY TRIP TERMINATION BENEFIT**

1. Basic Claims Requirements
2. Proof of advance payment made for travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the trip
3. Legal document proving trip termination with the non-refundable portion specified (e.g., Certification

from Travel Agency or Tour Operator, Letter from the Airlines/Carrier, Certification from the Hotel)

**If Applicable:**

- Photocopy of the death certificate, in case of death of the Insured Person or his Immediate Family
- Original and full doctor's report on the emergency medical treatment of the Insured or his relative within the degree of relationship specified in the Policy
- Original Physician's written declaration of patient being unfit to travel
- In case of medical treatment or death of the Insured's Immediate Family, please submit the following documents:
  - Necessary Birth Certificate/s and/or Marriage Certificate/s to prove the relationship with the Immediate Family member or
  - Notarized Insured's declaration of relationship with the Immediate Family member
- Original Police Report, in case of lost travel documents
- Public documents (e.g., newspaper, magazines, etc.), online news and/or official advisory that report natural catastrophe, unexpected outbreak of strike, riot, civil commotion or sudden acts of Terrorism
- Full and original Medical Report and original Official Receipts for the unplanned accommodation expenses, in case of Insured's Hospital discharge preventing the return to the Point of Origin as scheduled
- Original Irregularity Report issued by the airline, carrier, airport stating the reason of the cancellation

☐ **STAFF REPLACEMENT BENEFIT**

1. Basic Claims Requirements
2. Original Official Receipts of the Staff Replacement's transport and/or accommodation expenses
3. Original certification from the company on the staff replacement
4. Any documentation showing Staff Replacement's actual flight taken (e.g., boarding pass, updated Itinerary or Irregularity Report detailing the actual schedule)

**If Applicable:**

- Photocopy of the Death Certificate, in case of death of the Insured Person or his Immediate Family
- Original and full Doctor's Report on the emergency medical treatment of the Insured Person or his Immediate Family, within the degree of relationship specified in the Policy
- Original Physician's written declaration of patient being unfit to travel

- In case of medical treatment or death of the Insured's Immediate Family, please submit the following documents:
  - Necessary Birth Certificate/s and/or Marriage Certificate/s to prove the relationship with the Immediate Family member or
  - Notarized Insured's declaration of relationship with the Immediate Family member
- Original Police Report, in case of lost travel documents
- Any documentation showing Insured Person's actual flight taken (e.g., boarding pass, updated Itinerary or Irregularity Report detailing the actual schedule)

☐ **FLIGHT DELAY BENEFIT**

1. Basic Claims Requirements
2. Original Irregularity report issued by the airline, carrier, airport or the preceding bus line, shipping line or rail authority stating the reason of the delay
3. Any documentation showing actual flight taken (e.g., boarding pass, updated Itinerary, Irregularity report detailing the actual schedule)

☐ **MISSED CONNECTING FLIGHT BENEFIT**

1. Basic Claims Requirements
2. Requirements of Flight Delay Claims
3. Original itinerary for the connecting flight schedule (e.g., Itinerary or e-ticket purchased prior to the commencement of the trip)
4. Any documentation showing actual flight taken for the connecting flight schedule (e.g., boarding pass, updated Itinerary, Irregularity Report detailing the actual schedule)

☐ **STRIKES OR HIJACK BENEFIT**

1. Basic Claims Requirements
2. Copy of the itinerary or travel ticket corresponding to the delay in reaching the destination
3. Original Incident Report or Certification from the airline, carrier, public conveyance that a strike or hijack occurred

☐ **ALTERNATIVE MEANS OF TRANSPORTATION BENEFIT**

1. Basic Claims Requirements
2. Original Irregularity Report issued by the airline, carrier, airport stating the reason of the cancellation or delay
3. Any documentation showing actual flight taken (e.g., boarding pass, updated Itinerary or Irregularity Report detailing the actual schedule)
4. Original alternative public transport Itinerary with payment details and/or original Official Receipt of the alternative public transport expenses

☐ **TRIP POSTPONEMENT BENEFIT**

1. Basic Claims Requirements
2. Original Irregularity Report issued by the airline, carrier, airport stating the reason of the cancellation or delay

3. Any documentation showing actual flight taken (e.g., boarding pass, updated Itinerary or Irregularity Report detailing the actual schedule)
4. Proof of advance payment made for travel fare and accommodation expenses, penalties and other irrecoverable pre-paid charges related to the postponed trip
5. Legal document proving trip postponement with the non-refundable portion specified (e.g., Certification from Travel Agency or Tour Operator, Letter from the Airlines/Carrier, Certification from the Hotel)

**If Applicable:**

- Photocopy of the Death Certificate, in case of death of the Insured Person or his Immediate Family
- Original and full Doctor's Report on the emergency medical treatment of the Insured or his Immediate Family, within the degree of relationship specified in the Policy
- Original Physician's written declaration of patient being unfit to travel
- In case of medical treatment or death of the Insured's Immediate Family, please submit the following documents:
  - Necessary Birth Certificate/s and/or Marriage Certificate/s to prove the relationship with the Immediate Family member or
  - Notarized Insured's declaration of relationship with the Immediate Family member
- Public documents (e.g., newspaper, magazines, etc.), online news and/or official advisory that report natural catastrophe
- Original Irregularity Report issued by the airline, carrier, airport stating the reason of the cancellation

**DISCLAIMER:**

Kindly note that the submission of the required claims documents does not guarantee approval of your claim. Your claim will be reviewed and evaluated based on available documents submitted and subject to the limits, terms and conditions of your existing Insurance Policy.

Pacific Cross reserves the right to request for additional documents as deemed necessary.

**NOTES:**

- If the documents presented are written in a language other than Filipino or English, the appropriate translation fee will be deducted from the approved claim amount. All sections of the NOC must be completed. Please write legibly.
- If space is insufficient, please attach details on separate sheet. Additional copies of this form are available upon request from Pacific Cross. You may also photocopy this form as needed.

D. TRAVEL AND LOSS DETAILS

Please give a short description of the circumstances giving rise to your claim. If space is insufficient, please attach additional details.

Travel Period (mm/dd/yyyy)		From:		To:	
Reason for Travel:					
Date of Loss/Accident (mm/dd/yyyy):		Location of Loss/Accident:		Time of Loss/Accident:	
What Happened During My Trip:		<input type="checkbox"/> I had a medical situation <input type="checkbox"/> My flight was delayed <input type="checkbox"/> I had to cancel my trip <input type="checkbox"/> My bags/items were delayed/damaged/lost <input type="checkbox"/> I lost my passport <input type="checkbox"/> Others (please specify): _____			
Total Amount To Be Claimed:		<input type="checkbox"/> Peso <input type="checkbox"/> Dollar <input type="checkbox"/> Others (please specify): _____			
Type of Claims:	<input type="checkbox"/> Land Vehicle Rental Excess Protection Benefit		<input type="checkbox"/> Emergency Trip Cancellation Benefit		
	<input type="checkbox"/> Land Vehicle Return Benefit		<input type="checkbox"/> Trip Cancellation For Any Reason (for Blue Royale Travel+ only)		
	<input type="checkbox"/> Baggage Delay Benefit		<input type="checkbox"/> Emergency Trip Termination Benefit		
	<input type="checkbox"/> Loss of Baggage and Personal Effects Benefit		<input type="checkbox"/> Staff Replacement Benefit		
	<input type="checkbox"/> Damage to Baggage and Personal Effects Benefit		<input type="checkbox"/> Flight Delay Benefit		
	<input type="checkbox"/> Loss or Damage to Sporting Equipment Benefit		<input type="checkbox"/> Missed Connecting Flight Benefit		
	<input type="checkbox"/> Loss of Gadget Benefit		<input type="checkbox"/> Strikes or Hijack Benefit		
	<input type="checkbox"/> Theft of Cash Benefit		<input type="checkbox"/> Alternative Means of Transportation Benefit		
	<input type="checkbox"/> Loss of Travel Documents Benefit		<input type="checkbox"/> Trip Postponement Benefit		
	<input type="checkbox"/> Mobile Phone Charges				
Have you undergone or been advised to have any medical test or procedure prior to trip?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state the cause:					
Claim Details/Descriptions:					

E. OFFICIAL RECEIPTS SUBMITTED (If space is insufficient, please attach additional details.)

Official Receipt Number	Details of Payment (e.g. baggage, personal effects, laptop, accommodation, travel fare, travel docs, replacement fees)	AMOUNT		
		PHP	USD	Other (Please specify the currency.)
TOTAL		PHP	USD	

## F. CLAIMS PAYMENT DETAILS

(For payment processing, please indicate your preferred mode of payment for approved claims.)

<input type="checkbox"/>	<b>DIRECT CREDIT TO MY NOMINATED BANK ACCOUNT</b>			
<input type="checkbox"/> BDO	<input type="checkbox"/> Metrobank	<input type="checkbox"/> BPI	<input type="checkbox"/> EastWest	<input type="checkbox"/> UnionBank
<input type="checkbox"/> Other Banks				
<b>Bank and Branch of Account:</b>				
<b>Account Name:</b>				
<b>Account No.:</b>				
<b>Account Type:</b>		<input type="checkbox"/> S/A <input type="checkbox"/> C/A		
<b>SWIFT Code:</b>				
<b>Account Holder's Address:</b>				

<b>For Dollar Policies, please indicate preferred currency of transfer:</b>	
<input type="checkbox"/> Peso	<input type="checkbox"/> Dollar (for those with USD Bank accounts only)
<b>Bank and Branch of Account:</b>	
<b>Account Name:</b>	
<b>Account No.:</b>	
<b>Account Type:</b>	
<input type="checkbox"/> S/A <input type="checkbox"/> C/A	
<b>SWIFT Code:</b>	
<b>Account Holder's Address:</b>	
<b>Notes:</b> 1. Whenever applicable, cost of interbank/interbranch crediting will be deducted from the approved claim amount. 2. In some cases, nominated banks may deduct fees from the approved claim amount. 3. A processing fee of PHP 100.00 will be deducted from your claim resulting from the incorrect information provided by claimant.	

<input type="checkbox"/>	<b>GCASH</b>
<input type="checkbox"/>	If you already have a GCash Mastercard registered to Pacific Cross, please provide the following details:
<b>Account Name:</b>	
<b>Account Number:</b>	
<input type="checkbox"/>	If you do not have a GCash Mastercard registered to Pacific Cross yet, please fill out a GCash Registration Form. You may request a copy from our Customer Service Team, or download it from our website.