

**CLAIMS CHECKLIST
(Miscellaneous Casualty)**

Documentary Requirements in case of Third Party Property Damage Claim	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Photographs of Damaged Units
<input type="checkbox"/>	Detailed Estimate
<input type="checkbox"/>	Police Report / Affidavit of Loss
<input type="checkbox"/>	Accomplished Sworn Statement of claim
<input type="checkbox"/>	Accomplished Non Waiver Agreement
<input type="checkbox"/>	Demand Letter of the Third party claimant
<input type="checkbox"/>	Real Property Tax Declaration
<input type="checkbox"/>	Supporting documents of the unit cost/ price per invoice
Optional Documents:	
<input type="checkbox"/>	Repair Invoice <i>(if damage was already repaired)</i>
<input type="checkbox"/>	Floor Lay-out
<input type="checkbox"/>	Copy of Lease
<input type="checkbox"/>	Copy of Lease Contract
Additional Documents for Motor:	
<input type="checkbox"/>	Certificate of No Claim <i>(for damaged vehicle)</i>
<input type="checkbox"/>	Formal Claim of Third Party against Insured
<input type="checkbox"/>	OR / CR of Motor Vehicles
<input type="checkbox"/>	Driver's license of the owner of the vehicle for identity purposes
<input type="checkbox"/>	Original copy of Certificate of No Claim from their insurer
Documentary Requirements in case of Bodily Injury / Illness or Health / Death Claim	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Original Copy of Official Receipt of medical expenses
<input type="checkbox"/>	Original / Certified True Copy of Death Certificate <i>(for Death Claim)</i>
<input type="checkbox"/>	Police Report / Affidavit of Loss
<input type="checkbox"/>	Birth Certificate <i>(for Death Claim)</i>
<input type="checkbox"/>	Hospital Bill/Statement of Account <i>(if hospitalized)</i>
Additional Documents:	
<input type="checkbox"/>	Medical Certificate
<input type="checkbox"/>	Post Mortem Certificate
Optional Documents:	
<input type="checkbox"/>	Statement of Account <i>(if hospitalized)</i>
<input type="checkbox"/>	Copy of driver's license <i>(if due to vehicular accident)</i>
<input type="checkbox"/>	Doctor's prescription
<input type="checkbox"/>	Admitting history & Physical Examination
<input type="checkbox"/>	Vital signs chart
<input type="checkbox"/>	Nurse's daily progress notes
_____ Date of Completion of Documents (MM-DD-YYYY)	

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Documentary Requirements in case of Equipment Floater Claim / All Risks	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Police Report / Affidavit of Loss/ Incident Report
<input type="checkbox"/>	Quotation / Repair Estimates
<input type="checkbox"/>	Duly Signed Notarized Claim forms
<input type="checkbox"/>	Forklift Operation and Safety Certification
<input type="checkbox"/>	Technical Report
<input type="checkbox"/>	List of Damaged stocks
<input type="checkbox"/>	Delivery Receipts
<input type="checkbox"/>	Sales Invoice
Additional Documents:	
<input type="checkbox"/>	Photographs
<input type="checkbox"/>	Disconnection Notice
<input type="checkbox"/>	Memorandum of Agreement
Documentary Requirements in case of Burglary / Robbery / Hold-Up Claim	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Police Report / Affidavit of Loss
<input type="checkbox"/>	Audit Report & Breakdown of Loss
Additional Documents:	
<input type="checkbox"/>	Repair Estimates / Repair invoice (if damage is already repaired)
<input type="checkbox"/>	Photos of forcible entry
<input type="checkbox"/>	Sales & Collection Report
<input type="checkbox"/>	Inventory Report / Book of Accounts
<input type="checkbox"/>	Business Permits
_____ Date of Completion of Documents (MM-DD-YYYY)	

**CLAIMS CHECKLIST
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PERSONAL ACCIDENT CLAIM	
Documentary Requirements in case of Medical Expenses Reimbursement	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Affidavit or incident report
<input type="checkbox"/>	Medical Certificate
<input type="checkbox"/>	Doctor's Prescription of Medicines
<input type="checkbox"/>	Original copy of official receipts of medicine purchase
<input type="checkbox"/>	Statement of Accounts <i>(if hospitalized)</i>
Additional Documents:	
<input type="checkbox"/>	Copy of driver's license <i>(if due to vehicular accident)</i>
Documentary Requirements in case of Disability/ Death Claim	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Affidavit or Incident Report
<input type="checkbox"/>	Original/Certified True Copy of Death Certificate
<input type="checkbox"/>	Original/Certified True Copy of Birth Certificate
<input type="checkbox"/>	Marriage Contract <i>(if married)</i>
<input type="checkbox"/>	Post-Mortem Certificate <i>(if necessary)</i>
<input type="checkbox"/>	Clinical Records <i>(if necessary)</i>
<input type="checkbox"/>	Vital signs chart <i>(if necessary)</i>
<input type="checkbox"/>	Medical Certificate <i>(if applicable)</i>
<input type="checkbox"/>	Admitting history <i>(if available)</i>
<input type="checkbox"/>	Photos of affected body part/s
<input type="checkbox"/>	Copy of driver's license <i>(if due to MCY accident)</i>
<input type="checkbox"/>	Proof/police certification that the Insured was wearing helmet at the time of loss <i>(loss due to MCY)</i>
Documentary Requirements in case of Educational Assistance Claim	
Basic Documents:	
<input type="checkbox"/>	Certificate of enrollment from the school attended
Documentary Requirements in case of Fire Assistance Benefit Claim	
Basic Documents:	
<input type="checkbox"/>	Formal Claim against COCOGEN
<input type="checkbox"/>	Bureau of Fire Protection Certification
<input type="checkbox"/>	Barangay Certificate that insured is a fire victim
<input type="checkbox"/>	Photos of the Fire Incident
<input type="checkbox"/>	Valid ID's with signature
_____ Date of Completion of Documents (MM-DD-YYYY)	

PERSONAL ACCIDENT