

## Terms and Conditions

### BENEFITS

#### 1. Accidental Death, Permanent Disablement or Dismemberment

– if as a result of accidental bodily injuries sustained by the Insured within one hundred eighty (180) days after the date of accident, the Company will pay for the loss of:

Life	100%
Both hands or both feet or sight of both eyes	100%
One hand and one foot	100%
Either hand or foot and one sight of eye	100%
Either hand or foot	50%
Sight of either eye	50%
Loss of hearing of both ears	50%
Accident resulting in being permanently bedridden	100%

Loss with reference to hand or foot means complete severance through or above wrist of ankle joint and loss with reference to eye means the entire and irrecoverable loss of sight.

The total benefits payable under the policy contract in respect of an accident shall be the principal sum insured.

#### 2. Murder & Assault – as stated in the policy.

**3. Accidental Medical Reimbursement** – if as a result of bodily injuries the Insured person shall require treatment by a legally qualified Physician or Surgeon, confinement in a hospital or employment of a licensed nurse, the Company shall pay the actual medical expenses incurred up to Php 5,000.00 for the Principal, Spouse or Parents and Php 2,500.00 for each sibling /Child.

**4. Cash Assistance for Death due to Natural Cause** – cause of death is due to sickness / illness.

**5. Fire Assistance** – in the event the Principal insured suffer loss or damage to property due to fire and/or lightning the Company shall provide Cash Assistance in the amount as stated in the policy.

**NOTE:** A family can avail up to maximum of five (5) units of Confirmation of Cover (COC). All COCs in excess of five (5) units shall be declared null and void.

Composition of a FAMILY:

- If Married:
1. Principal
  2. Spouse, if deceased his or her Parents
  3. Maximum of Four (4) Children
- If Single:
1. Principal
  2. Parents
  3. Maximum of Four (4) Siblings

### EXCLUSIONS

This insurance does not cover incident, occasioned by or happening through:

1. War, invasion, act of foreign enemy, hostilities or warlike operation (whether war be declared or not), civil war, mutiny, riot, military or popular rising, insurrection, rebellion, revolution, military or usurped power.
2. Suicide or attempted suicide (whether felonious or not, sane or insane), hernia, alcoholism, intoxication, drugs, intentional self-injury.
3. Incident, consequent upon the Insured engaging in the making of explosives or upon being engaged as a custodian or explosives.
4. Insured's commission of or attempt to commit felony as consequent upon the Insured's being engaged in the illegal occupation or performing an unlawful act.

### BENEFICIARY

Indemnity for loss of life due to accident or sickness shall be payable in accordance with the beneficiary designation. No assignment of the benefits under the policy shall be binding upon the Company unless until the original or duplicate thereof is filed with the Company.

### AGE REQUIREMENTS

The age eligibility of an Insured shall be as follows:

- Principal, Spouse or Parents – ages 18 to 70 years old
- Child / Sibling – ages 1 to 21 years old

### TERM OF INSURANCE

The insurance contract shall begin and end at 12:00 noon on the dates mentioned in the COC.

The policy contract shall terminate only in the event of any claim settlement or upon the expiry as mentioned in the COC, whichever comes first.

### CLAIM SETTLEMENT

If any claim under this policy shall be in any respect fraudulent, or if any fraudulent means or devices are used by the Insured or any one acting on his behalf to obtain any benefit under this policy, or if the loss or damage be occasioned by the willful act or with the connivance of the Insured, all benefits under this policy shall be forfeited.

Written notice of claim must be forwarded to the Company within thirty (30) days after the date of the incident, supported by the following documents:

Personal Accident - Death or Disablement Claim:

Original Copy of COC

Policy / Incident Report – original copy

Birth / Death Certificate – NSO original copy

Medical Certificate / Clinical Abstract / Funeral documents & ORs  
– original copy

Valid IDs of the Insured and Beneficiary

And other necessary document that may be required Western Guaranty Corporation

Fire Cash Assistance Claim:

Original Copy of COC

Bureau of Fire Protection (BFP) Report/Certificate – original copy  
Barangay Certificate of Fire Loss

Photos of Fire Loss showing affected Property

Valid IDs of the Insured and Beneficiary

And other necessary document that may be required Western Guaranty Corporation

The amount of any loss for which the Company may be liable under the policy, shall be paid within ten (10) working days after all the necessary documents are received by the Company.

***For reporting and filing of claim, please visit any Cebuana Lhuillier Branch near you.***