



COCOLIFE Building 6807 Ayala Avenue Makati City 1226
MCC PO Box 1681 Trunkline: (632) 8 812-9015 to 58
Website: www.cocolife.com

MEDICAL REIMBURSEMENT CLAIM FORM

INSTRUCTION: Please fill in correct and complete information/details and check appropriate boxes below.

INSURED'S INFORMATION:

Last Name		First Name		Middle Name	
Address					
Date of Birth (MM/DD/YYYY)	Gender	Nationality	Age	Status	
Occupation		Name of Employer			
Contact Details Tel. No.		Cell phone No.		E-mail Address	

DETAILS OF ACCIDENT: (Please use extra sheet of paper if needed)

1. State the nature of the incident:

- | | |
|--|--|
| <input type="checkbox"/> Road Traffic Accident | <input type="checkbox"/> Accidents caused by Machinery |
| <input type="checkbox"/> Cut by substance/device | <input type="checkbox"/> Hit by a Heavy object/person |
| <input type="checkbox"/> Fire or Explosion | <input type="checkbox"/> Nature Disaster/Environmental |
| <input type="checkbox"/> Accidental Fall | <input type="checkbox"/> Others, please specify: _____ |

2.1 Date of Accident: _____ 2.2 Time of Accident: _____ (AM/PM)
(MM/DD/YYYY)

3. Place of Accident (give exact address/location): _____

4. Narrate completely how the accident happened:

5. Where were you before the accident? _____

6. What are you doing before the accident happened? _____

7. If an employee, was he/she doing his/her duties when the accident happened? If yes, please give details:

Name of Employer: _____ Position: _____
(COMPLETE NAME & SIGNATURE)

8. Was there a police investigation conducted on the accident? YES / NO

If yes, please attach the Police Report/Investigation Report and copy/ies of Sworn Statement(s) of Witness(es).

REQUIRED IF VEHICULAR ACCIDENT: to be completed by the investigating Officer

Please accomplish this in addition to police report. Form should be certified by: If vehicular accident: Investigating police officer, if other nature of accident: Investigating police officer or Barangay Captain Center Chief.

Summary of Incident:

Was the insured the driver? YES / NO Driver's License #: _____
 Expiration Date: _____ Driving Restriction: _____
 If yes, did he/she have a driver's license at the time of the accident? YES / NO
 Was the insured under the influence of () alcohol or () prohibited drug when accident happened? YES / NO
 Was he/she wearing helmet at the time of accident? YES / NO

I hereby certify to the best of my knowledge and belief that the information provided by me are true and correct

 Signature over Printed Name of Investigating Officer Date Signed Contact Number

To be completed by the Attending Physician
 If this portion cannot be complied, Medical Certificate must be submitted as an attachment.

Diagnosis & Concurrent Conditions:

Date this condition was first diagnosed: _____ is above condition a direct result of trauma/accident? YES / NO
 Was patient under the influence of () **alcohol or** () **prohibited drug** when accident happened? () YES () NO
 Date of Confinement: From _____ to: _____
 Date of out-patient treatment: From _____ to _____

State a brief history of this condition:

MEDICAL INFORMATION AUTHORIZATION: We Hereby AUTHORIZE any hospital, physician or other person who has attended or examined the insured, to disclose when request to do so by the insurance Company or its representative any and all information, prescription or treatment, with respect to his/her illness or injury, medical history and copies of all medical or hospital records. A photocopy of this authorization shall be considered as effective and valid as the ORIGINAL

 M.D.
 Physician's Signature over Printed Name Date Signed Claimant's Signature Over Printed Name Date Signed

Privacy Information Cocolife recognizes the importance of protecting you and your patients' personal information, and is committed to complying with its privacy law obligations.

"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."