

STARR

INSURANCE COMPANIES



Accident Protect
We Live. We Love. WE INSURE.

STARR

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We understand how important it is to protect you and your family. We also understand that every Filipino has different needs and requirements when it comes to protecting themselves and their loved ones. Some Filipinos may have just joined the workforce who are single, young and carefree whilst others may be moving up the corporate ladder and are married with a couple of kids.

Everyone's needs are different depending on each individual's circumstance. Whatever the situation, everyone inherently wants to protect themselves and their family from the financial burden associated with suffering from an accident or an event which may happen unexpectedly.

Take Personal Accident for example. Accidents happen everyday and without warning. No one can predict when an accident will occur and when it does, it can potentially change a person's life. A serious accident may result in death, dismemberment or permanent disability and irrespective of whether or not you are the breadwinner, going through an event such as this will undoubtedly put enormous financial pressure on you and your family.

At Starr, we make it our business to understand your needs. We put ourselves in your shoes because we act and think locally and we develop products based on what every Filipino needs to protect themselves and their family. You can count on us to deliver on the protection that matters most to yourself and to your family. Our ultimate goal is to protect you and your family from the uncertainties in life.

ACCIDENT PROTECT

Protect yourself and your loved ones from life's uncertainties with Accident Protect. Accident Protect provides comprehensive cover should you or a loved one suffer from an accident which results in death, dismemberment or disablement including coverage for unprovoked murder or assault.

- **Accidental Death, Disablement and Dismemberment Benefit (ADD)**

Pays for death, dismemberment and disablement (including murder and unprovoked assault) arising within 12 months of an Accident.

- **Accidental Medical Reimbursement Benefit**

Reimburses actual medical expenses for treatment up to 5% of the ADD Sum Insured should the Insured suffer from an Accident.

- **Accidental Death Burial Benefit**

Reimburses actual burial expenses up to 2.5% of the ADD Sum Insured should the Insured suffer death as a result of an Accident.

- **Accidental Burns Benefit**

Reimburses actual medical expense for treatment of 2nd or 3rd degree burns up to 2.5% of the ADD Sum Insured should the Insured suffer from an Accident.

- **Accidental Common Carrier Benefit**

Pays an additional 2.5% of the ADD Sum Insured for death arising within 12 months of an Accident whilst riding in a Common Carrier.

BENEFIT LEVELS

COVERAGE	SUM INSURED (ADULTS)	SUM INSURED (CHILDREN)
Accidental Death and Disablement Benefit (ADD)	Class 1: Up to PHP 5,000,000 Class 2: Up to PHP 4,000,000 Class 3: Up to PHP 3,000,000 Class 4: Not Available	Up to PHP 500,000
Accidental Medical Reimbursement	5% of ADD Benefit	5% of ADD Benefit
Accidental Death Burial Expenses	2.5% of ADD Benefit	2.5% of ADD Benefit
Accidental Burns Benefit	2.5% of ADD Benefit	2.5% of ADD Benefit
Accidental Common Carrier Benefit	2.5% of ADD Benefit	2.5% of ADD Benefit

OCCUPATIONAL CLASS

- Class 1 – Primarily office workers and white collar workers, professional and persons engaged in executive, administrative or clerical duties. No manual work. Non-hazardous occupations.
- Class 2 – Office workers and other individuals whose occupations may involve light manual labor but never exposed to hazardous conditions. Slightly higher risk than Class 1 and includes office workers who may have some external outdoor duties and limited manual work without the use of machines. Non-hazardous occupations.
- Class 3 – Persons engaged in occupations requiring skilled or semi-skilled manual labor and non-office duties with light manual work and use of light machinery. Examples include taxi drivers, petrol station attendants, laundromat, factory workers without use of heavy machinery and kitchen/restaurant workers.
- Class 4 – Persons engaged in occupations requiring significant amounts of manual work and is exposed to heavy machinery and/or industrial jobs. Works in hazardous conditions.

WHO CAN ENROLL IN THIS PLAN

MAIN APPLICANT / EMPLOYEE		DEPENDENTS	
MAIN APPLICANT	SPOUSE	DEPENDENT CHILD(REN)	PARENT(S)/ PARENTS-IN-LAW
18-65 years old Renewable to 75 Years Old	18-65 years old Renewable to 75 Years Old	6 Months – 18 Years Old or Up to 25 Years Old if in Full Time Schooling	Below 65 Years Old Renewable to 75 Years Old

AFFORDABLE COST

SAMPLE ANNUAL PREMIUMS

BENEFITS	SUM INSURED (PHP) / PERSON				
Accidental Death and Disablement (includes Unprovoked Murder & Assault)	200,000	500,000	800,000	1,000,000	2,000,000
Accidental Medical Reimbursement	10,000	25,000	40,000	50,000	100,000
Accidental Death Burial Expenses	5,000	12,500	20,000	25,000	50,000
Accidental Burns Benefits	5,000	12,500	20,000	25,000	50,000
Accidental Common Carrier Benefit	5,000	12,500	20,000	25,000	50,000
OCCUPATIONAL CLASS	ANNUAL PREMIUM (PHP) / PERSON				
CLASS 1	435.00	1,087.50	1,740.00	2,175.00	4,350.00
CLASS 2	600.00	1,500.00	2,400.00	3,000.00	6,000.00
CLASS 3	750.00	1,875.00	3,000.00	3,750.00	7,500.00

HIGHLIGHTS OF ACCIDENT PROTECT

- Protects 365 days, 7 days a week and 24-hours each day
- Worldwide coverage
- No health declaration or examination required
- Guaranteed acceptance of application
- Premium remains unchanged once you enroll and continue to pay premiums when due.
- Spouse, children, parents and parents-in-law can purchase
- Covers terrorism
- Provides value added benefits such as Accidental Medical Reimbursement, Accidental Death Burial Expenses, Accidental Burns Benefit and Accidental Common Carrier Benefit
- Flexible levels of ADD Protection
- One low premium rate
- Flexible premium payment options
- Coverage for amateur hazardous sports such as scuba diving, rock climbing, skiing, etc. are all covered.
- No deductible or co-payment
- Policy is transferable provided the insured's new occupation is no more hazardous than originally declared.

PAYMENT OPTIONS

In order to provide you with as much flexibility as possible we have arranged for premiums to be paid in Monthly Installments, Quarterly Installments and Annual Payments.

MAJOR EXCLUSIONS

War, suicide, pregnancy, childbirth, HIV related illness including AIDS, engaging in a sport in a professional capacity, the influence and/or effects of alcohol or drugs, motorcycling for professional use, murder or assault which is provoked, illegal acts, psychosis, pre-existing conditions disease, political acts or illegal activities and any loss which occurs while the Insured Person is in any country whereby the provision of insurance or payment for loss or claim would be prohibited by the U.S. economic or trade sanctions, laws, regulation or designations.



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ABOUT STARR

Starr Companies is a global insurance and investment organization providing insurance solutions to consumers, businesses and industry. Our talented and experienced associates manage risk and ultimately support the profitable growth of organizations in a dynamic, competitive and ever changing marketplace. With a presence on five continents Starr provides property, casualty, accident & health and travel insurance products as well as a range of specialty coverages.

The history of Starr Companies can be traced back to December 1919, when Cornelius Vander Starr founded an insurance agency in Shanghai, China. Throughout the 1920's, Starr established branches across China, Hong Kong, Jakarta, Kuala Lumpur and the Philippines.

In the Philippines, Starr was licensed in 2013 and was the first insurance company to meet the Insurance Commissioner's paid up capital requirement of Philippine Peso 1 Billion. In addition, Starr Philippines also received an "A" rating by A.M. Best Company in 2013.



Customer Service Number: (632) 8689 6634
Monday to Friday 9:00 AM to 5:00 PM

Email:
customercare.ph@starrcompanies.com

www.starrinternational.com.ph

This brochure is designed to give you a summary of the plan and is not a contract of insurance. All benefits and exclusions are only briefly outlined here. For complete details, please refer to the policy terms and conditions.

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STARR INDIVIDUAL EMPLOYEE BENEFIT PRODUCT SERIES

PERSONAL ACCIDENT

In consideration of the payment of premium by the Policyholder and subject to the terms and conditions of the Policy, We hereby insure the Insured Person in the manner and to the extent provided in the Policy.

All periods of insurance shall begin and end at 12:00 noon Manila standard time, at the place where the Policy was issued and end in accordance with Part IV of this Policy.

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PART I - DESCRIPTION OF COVERAGES

1. ACCIDENTAL DEATH AND DISABLEMENT

If during the period of insurance You sustain an Injury that shall within twelve (12) months from the date of Accident result in death or disablement as listed under the following Compensation Table 1, We shall pay You or Your estate a benefit in accordance with the Percentage of Sum Insured stated in such table.

UNPROVOKED MURDER AND ASSAULT

If during the period of insurance You sustain an Injury from an Unprovoked Murder or Assault that shall within twelve (12) months from the date of Accident result in death or disablement as listed under the following Compensation Table 1, We shall pay You or Your estate a benefit in accordance with the Percentage of Sum Insured stated in such table.

EXPOSURE

If during the period of insurance, by reason of any Accident, You are unavoidably exposed to the elements and as a direct and unavoidable result of such exposure sustain death or disablement within twelve (12) months from the date of Accident, We shall pay You a benefit in accordance with the Percentage of the Sum Insured stated in Compensation Table 1.

DISAPPEARANCE

If during the period of insurance Your body has not been found within twelve (12) months after the date of the disappearance, sinking or wrecking of an aircraft or other conveyance either on ground or at sea in which You were travelling, it shall be presumed that You suffered death resulting from an Accident. In such circumstances, We shall pay Your estate a death benefit in accordance with the Percentage of the Sum Insured of Event 1 stated in Compensation Table 1, subject to the receipt of a signed undertaking by the personal representative(s) of Your estate that any such payment shall be refunded to Us if it is later discovered that You did not suffer death as a result of the Accident.

COMPENSATION TABLE 1

Benefit Event	Compensation (Percentage of Sum Insured)	
	Right Hand	Left Hand
1. Death	100%	
2. Permanent Total Disablement	100%	
3. Loss of or the Permanent Loss of Use of one or more Limbs	100%	
4. Permanent Loss of Sight of both eyes	100%	
5. Permanent Loss of Sight of one eye	100%	
6. Permanent Loss of Speech and Loss of Hearing	100%	
7. Permanent and incurable insanity	100%	
8. Permanent Loss of Hearing in:		
(a) both ears	75%	
(b) one ear	15%	
9. Permanent Loss of Speech	50%	
10. Permanent Loss of the lens of one eye	50%	
11. Loss of or the Permanent Loss of Use of four Fingers and Thumb	70%	50%
12. Loss of or the Permanent Loss of Use of four Fingers	40%	30%
13. Loss of or the Permanent Loss of Use of one Thumb		



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	(a) both joints	30%	20%
	(b) one joint	15%	10%
14.	Loss of or the Permanent Loss of Use of Fingers		
	(a) three joints	10%	7.5%
	(b) two joints	7.5%	5%
	(c) one joint	5%	2%
15.	Loss of or the Permanent Loss of Use of Toes		
	(a) all – one foot	15%	
	(b) great toe - both joints	5%	
	(c) great toe – one joint	3%	
16.	Fractured Leg or Patella with Established Non-Union	10%	
17.	Shortening of leg by at least 5 cm	7.5%	
18.	Permanent disablement not falling under Events 8 to 17 above, We shall in Our absolute discretion pay You a benefit which shall be calculated by assessing the degree of disablement relative to the above Percentage of Sum Insured.		

PROVISIONS:-

- (a) Benefits shall not be payable for more than one Event stated in Compensation Table 1 in respect of the same Accident and/or Injury. Should more than one Event occur from the same Accident and/or Injury, We shall only be liable for the Event with the greater Percentage of Sum Insured and in no circumstance shall We be liable to pay a benefit which exceeds one hundred percent (100%) of the Sum Insured.
- (b) In the event the accumulation of total paid-up benefits in respect of one or more Events of the same Insured Person is below one hundred percent (100%) of the Sum Insured, We thereafter shall only be liable for the remaining balance payable up to one hundred percent (100%) of the Sum Insured.
- (c) Your coverage shall be terminated upon occurrence of any loss for which benefit is payable under any one of the above Events 1 to 7 stated in Compensation Table 1.
- (d) When a limb which had been partially disabled prior to sustaining an Injury covered under this Policy and which becomes totally disabled as a result of such Injury, the Percentage of Sum Insured payable shall be determined by Us having regard to the extent of disablement caused by the Injury. No payment however shall be made in respect of Loss of or the Permanent Loss of Use of a Limb which was totally disabled prior to the Injury.
- (e) If You are left-handed and have specifically mentioned this on the application, the Percentage of Sum Insured set out above from Events 11 to 14 inclusive for the various disabilities of right hand and left hand shall be transposed.

2. BURNS BENEFIT

If during the period of insurance You sustain an Injury as a result of an Accident and are diagnosed by a Registered Medical Practitioner to have suffered any of the Burn Events listed under the following Compensation Table 2, We shall pay You a benefit in accordance with the Percentage of Sum Insured for the Burn Events stated in such table.

COMPENSATION TABLE 2

Burn Event	Compensation (Percentage of Sum Insured)
Second Degree or Third Degree Burns On 45% or more of body surface	100%

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On 27% or more of body surface	60%
On 18% or more of body surface	50%
On 9% or more of body surface	30%
On 4.5% or more of body surface	20%

COMPENSATION:-

- (a) Benefits shall not be payable for more than one of the above Burn Events in respect of the same Accident. Should more than one of the above Burn Events occur from the same Accident, We shall only be liable for the Burn Event with the greater Percentage of Sum Insured.
- (b) The benefit payable for Accidental Death and Disablement under Clause 1 (Events 1 to 18 inclusive) stated in Compensation Table 1, if any, shall be reduced by any benefit paid under this Burns Benefit in respect of the same Accident.

3. ACCIDENTAL MEDICAL EXPENSES

If during the period of insurance You sustain an Injury which directly results in the necessity of medical treatment within twelve (12) months from the date of Accident, We shall reimburse You in respect of the reasonable and customary costs paid to a Registered Medical Practitioner, nurse, Hospital and/or ambulance service for medical, surgical, X-ray, hospital and/or nursing treatment, including the cost of medical supplies, ambulance hire, prescribed medicines and therapeutic services.

In no event shall all the reimbursed medical expenses exceed the maximum Sum Insured of Accidental Medical Expenses stated in the Schedule. If You are entitled to a refund of all or part of such expenses from any other source, We shall only be liable for the excess of the amount recoverable from such other source.

4. ACCIDENTAL DEATH BURIAL EXPENSES

If during the period of insurance You sustain an Injury that shall within twelve (12) months from the date of the Accident result in death which qualifies for payment under the Compensation Table 1 – Event 1 of Clause 1 of the Policy, We shall reimburse Your estate for the reasonable costs paid to a funeral home for any burial expenses subject to the maximum Sum Insured stated in the Schedule.

5. COMMON CARRIER BENEFIT

If during the period of insurance You sustain an Injury that shall within twelve (12) months from the date of the Accident result in death while traveling as a fare paying passenger in any Common Carrier which qualifies for payment under the Compensation Table 1 – Event 1 of Clause 1 of the Policy, We shall pay Your estate a benefit up to the maximum Sum Insured stated in the Schedule.

PART II - DEFINITIONS

“**Accident**” means an unforeseen and involuntary event which causes Injury.

“**Acquired Immune Deficiency Syndrome**” or “**AIDS**” shall have the meanings assigned to it by the World Health Organization including Opportunistic Infection, Malignant Neoplasm, Human Immunodeficiency Virus (HIV) Encephalopathy (Dementia), HIV Wasting Syndrome or any disease or illness in the presence of a seropositive test for HIV.

“**Activities of Daily Living**” means:

- a. Washing - the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
- b. Dressing - the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;

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- c. Transferring - the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility - the ability to move indoors from room to room on level surfaces;
- e. Toileting - the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding - the ability to feed oneself once food has been prepared and made available.

"Anniversary Date" means each anniversary of the Policy's effective date stated in the Schedule.

"Child(ren)" means child(ren) aged between one (1) and under eighteen (18) years old or up to 25 years old if in full time schooling.

"Civil War" means an internecine war, or a war carried on between or among opposing citizens of the same country or nations.

"Common Carrier" means any mechanically propelled conveyance operated by a company or an individual licensed to carry passengers for hire.

"Confinement" means admitted in a Hospital for medical treatment upon the recommendation of a Registered Medical Practitioner and continuously stays in the Hospital prior to the discharge from the Hospital.

"Fractured Leg or Patella with Established Non-Union" means a complete break into two pieces of the patella or leg bone where:

- a. the patella or leg bone does not mend properly such that it cannot function normally; and
- b. this condition is diagnosed to last for the remainder of Your life.

"Hospital" means an establishment which meets all the following requirements:

- a. holds a license as a Hospital (if licensing is required in the state or governmental jurisdiction); and
- b. operates primarily for the reception, care and treatment of sick, ailing or injured persons as in-patients; and
- c. provides 24-hour a day nursing services by registered or graduated nurses; and
- d. has a staff of one or more Registered Medical Practitioner(s) at all times; and
- e. provides organized facilities for diagnosis and major surgical facilities; and
- f. is not primarily a clinic, nursing, rest or convalescent home or similar establishment, or a place for alcoholics or drug addicts.

"Immediate Family Member" means any of Your spouse, parent, parent-in-law, grandparent, son, daughter, son-in-law, daughter-in-law, brother, sister, grandchild or legal guardian.

"Injury" means bodily injury which is solely caused by an Accident and independently of any other cause.

"Insured Person" means the person(s) insured and named in the Schedule or subsequently endorsed hereon.

"Loss of Thumb(s) / Finger(s) / Toe(s)" means complete severance through or above the metacarpophalangeal joints or metatarsophalangeal joints.

"Loss of Hearing" means total and irrecoverable loss of hearing.

"Loss of Limb" means loss by physical severance of a hand at or above the wrist or of a foot at or above the ankle.

"Loss of Sight" means the entire and irrecoverable loss of sight.

"Loss of Speech" means the disability in articulating any three of the four sounds which contribute to the speech such as the Labial sounds, the Alveololabial sounds, the Palatal sounds and the Velar sounds, or total loss of vocal cord or damage of speech centre in the brain resulting in Aphasia.

"Loss of Use of Limb(s) / Thumb(s) / Finger(s) / Toe(s)" means total functional disablement of any limb, thumb, finger or toe and is treated like the total loss of said limb, thumb, finger or toe.

"Malignant Neoplasm" shall include but not be limited to Kaposi's sarcoma, central nervous system lymphoma and/or other malignancies now known or which become known as immediate causes of death, an illness or disability, in the presence of Acquired Immune Deficiency Syndrome (AIDS).

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“Opportunistic Infection” shall include but not be limited to pneumocystis carinii pneumonia, organism of chronic enteritis, virus and/or disseminated fungi infection caused in the presence of Acquired Immune Deficiency Syndrome (AIDS).

“Percentage of Sum Insured” means the Percentage of Sum Insured stated in Compensation Tables 1 and 2 in Part I herein.

“Permanent” means lasting twelve (12) consecutive months from the date of Accident and at the expiry of that period being beyond hope of improvement as certified by a Registered Medical Practitioner.

“Permanent Total Disablement” means when as the result of Injury and commencing within twelve (12) consecutive months from the date of Accident, You are totally and permanently disabled and prevented from engaging in each and every occupation or employment for compensation or profit for which You are reasonably qualified by reason of Your education, training or experience; or if You have no business or occupation at the time of Injury, Permanent Total Disablement means the inability to perform the Activities of Daily Living of like age and sex. Such disability has to continue for a period of twelve (12) consecutive months and be certified by a Registered Medical Practitioner as total, continuous and Permanent for the remainder of Your life.

“Policy” means this Policy and any other documents referred to in Clause 2 – Entire Contract of Part VII herein.

“Policyholder” means a person who is an applicant of the Policy and is named in the Schedule as Policyholder.

“Pre-existing Condition” means a condition for which You received or were recommended by a Registered Medical Practitioner for any medical treatment, diagnosis, consultation or prescribed drugs, or the existence of any symptoms (known or unknown to You) leading to a claim under this Policy, within two (2) years preceding the Policy’s effective date, last reinstatement date or date of any increase of benefit coverage (to the extent of such increase only), whichever is later.

“Proof of Loss” means written proof of the occurrence, character and extent of the loss for which a claim is made, to be submitted to Us in accordance with Part V herein in such form and of such nature as We may prescribe.

“Registered Medical Practitioner” means any person qualified by degree in Western medicine and legally authorized by the government with jurisdiction in the geographical area of his or her practice to render medical and regular services, but excluding a Registered Medical Practitioner who is You or Your Immediate Family Member or someone living in the same household as You.

“Schedule” means the attachment to this Policy entitled “Schedule” as may be amended by Us from time to time.

“Second Degree Burn” means both the epidermis and the underlying dermis are damaged caused by heat, electricity, chemicals, light or radiation.

“Sum Insured” means the amount of sum insured stated in the Schedule.

“Temporary Total Disability” means the complete inability to perform any duty of Your occupation at the time of the Accident and within thirty (30) days after the date of such Accident as a result of injuries sustained during the Accident.

“Terrorist” or “Member of a Terrorist Organization” means any person who commits, or attempts to commit, a Terrorist Act or who participates in or facilitates the commission of a Terrorist Act and/or is verified or recognized or designated by any government or authority or committee as a terrorist.

“Terrorist Act” means an act including but not limited to the use or threatened use of force or violence against person or property, or commission of an act dangerous to human life or property, or commission of an act that interferes with or disrupts an electronic or communication system, undertaken by any person or group, whether or not acting on behalf of or in connection with any organization, government, power, authority or military force, when the effect is to intimidate or coerce a government, the civilian population or any segment thereof, or to disrupt any segment of the economy.

“Third Degree Burn” means the damage or destruction of the skin to its full depth and damage to the tissues beneath.

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"Unprovoked Murder or Assault" shall mean the serious infliction of physical bodily harm on the Insured Person which results in death or serious Injury without any sufficient provocation on the part of the Insured or threat directed at the Insured against the offender which immediately precedes the act.

"Waiting Period" means a period of thirty (30) days preceding the date on which Accidental Hospital Cash becomes payable under Part I herein, during which time You are in Confinement. The Waiting Period begins of the first day on which you are in Confinement.

"War" means war (declared or undeclared) or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

"We, Us, Our" means Starr International Insurance Philippines Branch..

"You, Your, Yourself" means a person who is named as an Insured Person.

PART III – GENERAL EXCLUSIONS

We shall not pay for any loss directly or indirectly, wholly or partly arising as a result of:

1. War, invasion, act of foreign enemy, hostilities, Civil War, revolution, rebellion, insurrection, military or usurped power or any warlike operations; direct participation in strike, riot and civil commotion;
2. Nuclear risks of any nature; biological, chemical, radioactive, nuclear pollution or contamination exposure;
3. Armed force, naval, military, air force or any flying service or operations;
4. Air travel except as a passenger in any properly licensed private and/or commercial aircraft;
5. Suicide or attempted suicide or intentional self-injury while sane or insane;
6. Violation or attempted violation of the law or resistance to arrest;
7. Childbirth, miscarriage, abortion, birth control, infertilization, pregnancy or any complications therefrom notwithstanding that such event may have been accelerated or induced by an Injury;
8. Acquired Immune Deficiency Syndrome (AIDS) or related disease; venereal disease and/or any other sexually transmitted diseases;
9. Psychosis, sleep disturbance disorder, mental or nervous disorders, anxiety, stress or depression; cosmetic, plastic or any elective surgery; surgical or non-surgical treatment of obesity (including morbid obesity) or weight control programs; congenital disease or defect or any complications or conditions arising therefrom;
10. The influence of alcohol or any non-prescribed drug, including the treatment of alcoholism, or drug abuse or any other complications arising therefrom or from any drug accident;
11. Any Pre-existing Condition or any complications arising therefrom;
12. Dental care or surgery unless required as a result of an Accident (excluding denture and related expenses) to sound and natural teeth; fitting of glasses for eye refraction, or hearing aids; corrective aids and treatment of refractive errors unless necessitated by Injury;
13. Any kind of disease (other than the benefits expressly provided herein);
14. Any loss caused by an Injury which is a consequence of any kind of disease (other than benefits expressly provided herein);
15. Any loss as while the Insured Person is engaging in any political activities, investigative functions or activities, illegal acts of any kind and/or holding any elective political or government position.
16. Engaging in a sport in a professional capacity or where you would or could earn income or remuneration from engaging in such sport;
17. Testing of any kind of conveyance or engaging in offshore activities such as but not limited to commercial diving, oil rigging, mining or aerial photography;
18. Murder and/or assault which is provoked;
19. Motorcycling for professional use;
20. Cost of single or private room accommodation at a Hospital, charges in respect of special or private nursing, non-medical personal services such as radio, telephone and the like; procurement or use of special braces, appliances or equipment;
21. General or health check-up, convalescence, custodial or rest cure, vaccination and immunization



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injections, tests not incident to treatment or diagnosis of an actual disability or any treatment which is not medically necessary;

- 22. Willful or deliberate exposure to danger (except in an attempt to save human life), or any injury arising out of non-adherence to medical advice;
- 23. An Insured Person who is a Terrorist or a Member of a Terrorist Organization; any illegal or unlawful act by the Insured Person; or
- 24. Any loss which occurs while the Insured Person is in any country whereby the provision of insurance or payment for loss or claim would be prohibited by the U.S. economic or trade sanctions, laws, regulation or designations.

PART IV - TERMINATION OF COVERAGE

- 1. The Policyholder may cancel this Policy within 15 days of the Effective Date by giving Us written notice. The Policyholder must return the Policy documents when they cancel the Policy. If no claims have been made by the Policyholder, the premium received will be refunded in full.
- 2. This Policy shall terminate:
 - a. When premium is not paid when due, subject to the provisions on Policy Grace Period as provided in Part V; or
 - b. On the Anniversary Date when the Policyholder (who is also an Insured Person) no longer fulfills the eligibility as stated under Age Limit for Insured Person of Part VII herein; or,
 - c. Upon payment of one hundred percent (100%) of the Sum Insured for Events 1 to 7 stated in Compensation Table 1 and no premium shall be returned.
 - d. When there is any fraud or deliberate concealment or non-disclosure in respect of this insurance or any claim hereunder, which shall render this Policy null and void immediately and all the premiums paid and claims under this Policy shall be forfeited.
 - e. Willful or reckless acts or omissions on the part of You or Your insurance intermediary increasing the hazards insured against.
 - f. If the Insurance Commissioner determines that the continuation of the policy would violate or would place the insurer in violation of Republic Act No. 10607, or the Insurance Code, as amended.
- 2. We may cancel this Policy at any time during the period of insurance by giving You forty-five (45) days' prior notice in writing to Your last known address of the Policyholder or to Your insurance intermediary. In the event of such termination, We shall promptly return the pro-rata premium to You. Such cancellation shall be without prejudice to any claim originating prior thereto.
- 3. You may cancel this Policy by giving Us not less than thirty (30) days' prior written notice. Upon termination by You, premiums shall be computed in accordance with the applicable percentage indicated below, but in no event less than Our customary minimum premium:

Covered Period	Retentive Percentage of Annual Premium
6 Months (Minimum)	70%
Over 6 Months	100%

PART V - PREMIUM PROVISIONS

PREMIUM

The premiums for this Policy will be based on the rates currently in force in the application or agreed in the quotation slip, the plan and the coverage and amount of insurance in effect. However, We reserve the right to change rates at any time if any of the following events take place during the period of insurance:

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Starr International Insurance Philippines Branch

Unit 5, 23rd Floor, Tower 2, The Enterprise Center, 6766 Ayala Ave.,

cor. Paseo de Roxas, Legaspi Village, Makati City 1226, Philippines

Tel: (632) 8689 6600 Fax: (632) 8689 6630

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- (a) The terms of the Policy change;
- (b) An individual, division, subsidiary, affiliated organization or eligible class is added or deleted from the Policy;
- (c) There is a change in the factors bearing on the risk assumed;
- (d) There is a misrepresentation in the information We relied on in establishing the premium rate;
- (e) Any law or regulation is amended to the extent it affects Our benefit obligation.

PAYMENT OF PREMIUM

The first premium is due on or before the Policy's effective date. After the first premium has been settled, subsequent premiums will be due annually on the Anniversary Date unless We agree with the Policyholder on some other method of premium payment. If any premium is not paid when due, the Policy will be cancelled as of the premium due date, except as provided in the Policy Grace Period section as described below.

POLICY GRACE PERIOD

A Policy grace period of thirty-one (31) days shall be granted following the Anniversary Date of Policy for the payment of the required premiums. The Policy shall remain in force during the grace period. If the required premiums are not paid, insurance shall end upon the expiration of the grace period. The Policyholder shall be liable to Us for any unpaid premium for the time the Policy was in force.

PART VI – CLAIM PROVISIONS

The provisions in this Part VI are all conditions precedent to Our liability to pay under this Policy.

CLAIM PROCEDURES

To ensure prompt processing of the claim, it is important that You submit a completed claim form (claim form is available from Us) together with the following supporting documentation relating to the benefit claimed. We reserve the right to request other documents not mentioned hereunder if necessary.

- Medical report;
- Police report (if any);
- Original bills and receipts (if applicable);
- Death certificate (if applicable);
- Coroner's report (if applicable).

TIME OF NOTICE OF CLAIM

Written notice of claim must be given to Us within thirty (30) days after occurrence of any Accident or event likely to give rise to a claim under this Policy. However, in the event of accidental death notice must be given to Us within fifteen (15) days.

FORMS FOR PROOF OF LOSS

We, upon receipt of such notice, shall furnish to You such forms as are usually furnished by Us for filing Proof of Loss. If such forms are not so furnished within fifteen (15) days after the receipt of such notice, You shall be deemed to have complied with the requirements of this Policy as to Proof of Loss upon submitting within the time fixed in this Policy for filing Proof of Loss. All certificates, information and evidence required by Us shall be furnished at the expense of You or Your legal representatives.

SUFFICIENCY OF NOTICE

Notice of claim given by You or on Your behalf to Us or to Our general agent, with particulars sufficient to identify Yourself shall be deemed to be notice to Us. Failure to give notice within the time provided in this Policy shall not invalidate any claim if it is shown that it was not reasonably practicable to give such notice and that notice was given as soon as was reasonably practicable.

CLAIMANT COOPERATION PROVISION

Failure of the claimant to cooperate with Us in the administration of a claim may result in the delay or termination of a claim. Such cooperation includes, but is not limited to, providing any information or documents needed to determine whether benefits are payable or the actual benefit amount due.

TIME FOR FILING PROOF OF LOSS

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Affirmative Proof of Loss must be furnished to Us at Our said office in case of a claim within ninety (90) days after the date of such loss. If it is shown that it was not reasonably practicable to give such notice within such time, such Proof of Loss must be furnished as soon as reasonably practicable and in any event within one (1) year after the date of such loss.

MEDICAL EXAMINATION AND TREATMENT

We shall have the right and opportunity to examine You when and as often as We may reasonably require during the pendency of a claim hereunder, and also the right and opportunity to make an autopsy at Our expense in case of death where it is not forbidden by law. You shall as soon as possible after the occurrence of any injury or sickness, whichever is appropriate, obtain and follow the advice of a Registered Medical Practitioner and We shall not be liable for any consequences arising by reason of Your failure to obtain or follow such advice and use such appliances or remedies as may be prescribed.

FRAUDULENT CLAIMS

If the claim be in any respect fraudulent or if any fraudulent means or devices be used by You or anyone acting on Your behalf to obtain any benefit under this Policy, this Policy shall immediately become terminated and all benefits in respect of such claims shall be forfeited from the date on which the fraudulent claim is proffered.

TIME FOR PAYMENT OF INDEMNITIES

All indemnities provided in this Policy shall be paid immediately after the receipt of due Proof of Loss, except periodic payment.

RIGHT OF RECOVERY

In the event authorization of payment and/or payment is made by Us for a medical claim which is not covered under this Policy or when the limit of liability of this insurance is exceeded, We reserve the right to recover the said sum or excess from You.

SUBROGATION

In the event of any payment under this Policy, We shall be subrogated to all Insured Person's rights of recovery therefore against any person or organization and the Insured Person shall execute and deliver instruments and papers and do whatever else is necessary to secure such rights. The Insured Person shall take no action after the loss to prejudice such rights.

LEGAL ACTIONS

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. No such action shall be brought after the expiration of three (3) years after the time written proof of loss is required to be furnished.

PART VII - GENERAL CONDITION

FREE LOOK

The Policyholder may cancel this Policy within fifteen (15) days of the Policy effective date by giving Us a written notice. The Policyholder must return the Policy documents when it cancels the Policy. If no claims have been made by the Policyholder or any Insured Person on the Policy, the premium received will be refunded in full.

ENTIRE CONTRACT

The Policy, Schedule of Benefits, application, riders, endorsements and attachments (if any) constitute the entire contract of insurance. No statement made by the Policyholder not included herein shall avoid the Policy or be used in any legal proceedings hereunder unless such statement is fraudulent. No agent has authority to change this Policy or to waive any of its provisions. No change in this Policy shall be valid unless approved by Us and such approval be endorsed hereon.

AGE LIMIT FOR INSURED PERSON

The insurance under this Policy shall cover:

- a. For adult – between the ages of eighteen (18) and seventy-five (75) years old (both years inclusive), non-renewable after seventy-five (75) years old.
- b. For child – must be unmarried and unemployed, between the ages of one (1) and under

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eighteen (18) years old, renewable up to the age of twenty-five (25) years old if a full time student. All benefits shall terminate on the Anniversary Date following the eighteenth (18th) birthday of the insured child, or twenty-sixth (26th) birthday if the child is a full time student.

MISSTATEMENT OF AGE

If the age of any Insured Person has been misstated, all amounts payable under this Policy shall be such as the premium paid would have purchased at the correct age. In the event the age of the Insured Person has been misstated and if, according to the correct age of the Insured Person, the coverage provided by the Policy would not have become effective, or would have ceased prior to the acceptance of each premium or premiums, then Our liability during the period in which the Insured Person was not eligible for coverage shall be limited to the refund of all premium paid for the period covered by the Policy.

PAYMENT OF PREMIUM

The first premium is due on the Policy's effective date. After that, premiums shall be due annually on the Anniversary Date of the Policy unless We agree with the Policyholder to some other method of premium payment. The Policyholder shall remit the premium to Us by electronic wire or some other agreed method of premium payment before the premium due date. If any premium is not paid when due, the Policy shall be cancelled as of the premium due date, subject to the provisions contained in Part V above, and except as provided in the Policy Grace Period section as described below

POLICY GRACE PERIOD

A Policy Grace Period of thirty-one (31) days shall be granted following the Anniversary Date of the Policy for the payment of the required premiums. The Policy shall remain in force during the Policy Grace Period. If the required premiums are not paid during the Policy Grace Period, insurance shall end upon the expiration of the Policy Grace Period. The Policyholder shall be liable to Us for any unpaid premium for the time the Policy was in force.

STATUS CHANGE

You must take full responsibility to inform Us forthwith of any change in respect of the information provided in Your application for this Policy; otherwise We reserve the right to refuse or invalidate all claims under this Policy.

GEOGRAPHICAL LIMIT AND OPERATIVE TIME

Insurance provided under this Policy shall apply twenty-four (24) hours a day anywhere in the world unless endorsed or amended by Us.

TO WHOM INDEMNITIES PAYABLE

All indemnities under the Policy shall be payable to You, otherwise to Your estate in the event of Your death.

LIMITATIONS CONTROLLED BY STATUTE

If any time limitation of this insurance, with respect to giving notice of claim or furnishing Proof of Loss, is less than that permitted by the laws of the Philippines, such limitation is hereby extended to agree with the minimum period permitted by such laws.

LIMITATION OF TIME FOR BRING SUIT

No action at law or in equity shall be brought to recover on this Policy prior to the expiration of sixty (60) days after Proof of Loss has been furnished in accordance with the requirements of Part VI of this Policy.

ASSIGNMENT

No notice of assignment of interest under this Policy shall be binding upon Us unless and until the original or a duplicate thereof is filed at Starr International Insurance Philippines Branch, Unit 5, 23rd Floor, Tower 2, The Enterprise Center, 6766 Ayala Avenue cor. Paseo de Roxas, Legaspi Village, Makati City and Our consent to such assignment is endorsed. We do not assume any responsibility for the validity of an assignment. No provision of the charter, constitution or by-law shall be used in defense of any claim arising under this Policy, unless such provision is incorporated in full in this Policy.

COMPLIANCE WITH POLICY PROVISIONS

Failure to comply with any of the provisions contained in this Policy shall invalidate all claims hereunder.

REINSTATEMENT OF POLICY

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If this Policy lapses due to non-payment of premium, it may be reinstated with Our prior written approval. Benefits shall not, however, be payable for any Accident or event likely to give rise to a claim under this Policy which occurs while the Policy has lapsed and the provisions on Pre-existing Condition should re-apply as if the Policy commenced on such reinstatement date.

CLERICAL ERROR

Clerical errors made by Us shall not invalidate insurance otherwise valid nor continue insurance otherwise not valid in accordance with the provisions of this Policy and the applicable laws.

DATA PRIVACY

You hereby agree that any personal information collected or held by Us is provided and may be held, used and disclosed by Us to individuals/organizations associated with Us or to any selected third party (within or outside the Philippines) for the purposes of processing any claim under this Policy and providing subsequent services for this and other financial products and services, direct marketing, data matching and communicating with You for such purposes. If You do not wish to receive any direct marketing materials or calls, or wish to request access to and/or correction of any personal information held by Us concerning Yourself, You should write to Our Data Privacy Officer at Starr International Insurance Philippines Branch, Unit 5, 23rd Floor, Tower 2, The Enterprise Center, 6766 Ayala Avenue cor. Paseo de Roxas, Legaspi Village, Makati City.

RENEWAL CLAUSE

This Policy shall be renewable from the Anniversary Date with Our consent by payment of premium in advance at Our premium rate in force at the time of renewal. However we reserve the right to make adjustments on the premium rates, benefits, terms and conditions of this Policy or not invite renewal at our discretion, upon giving forty-five (45) days prior written notice mailed or delivered to its insurance intermediary or the Policyholder's last known address on record.

MEDIATION CLAUSE

In the event of any controversy or claim arising out of or relating to this contract, or a breach thereof, the parties hereto agree to first try and settle the dispute by mediation, administered by the Insurance Commission or any recognized mediation institution in accordance with its mediation rules, before resorting to arbitration, litigation or some other dispute resolution procedure.

SUIT AGAINST COMPANY CLAUSE

If a claim be made and rejected and an action or suit be not commenced either in the Insurance Commission or any Court of competent jurisdiction within twelve (12) months from receipt of notice of such rejection or in case of arbitration taking place as provided herein, within twelve (12) months after due notice of the award made by the arbitrators or umpire, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

SETTLEMENT OF CLAIM CLAUSE

The amount of any loss or damage for which We may be liable under this Policy shall be paid within thirty (30) days after proof of loss is received by Us and ascertainment of the loss or damage is made either by agreement between the Insured Person and Us or by arbitration; but if such ascertainment is not had or made within sixty (60) days after such receipt by Us of the proof of loss, then the loss or damage shall be paid within ninety (90) days after such receipt. Refusal or failure to pay the loss within the time prescribed will entitle the Insured Person to collect interest on the proceeds of the Policy for the duration of the delay at the rate of twice the ceiling prescribed by the Monetary Board, unless such refusal or failure to pay is based on the ground that the claim is fraudulent.

CIVIL CODE 1250 WAIVER CLAUSE

It is hereby declared and agreed that the provision of Article 1250 of the Civil Code of the Philippines (Republic Act No. 386) which reads: "In case an extraordinary inflation or deflation of the currency stipulated should supervene, the value of the currency at the time of the establishment of the obligation shall be the basis of payment...." shall not apply in determining the extent of liability under the provisions of this Policy.

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OTHER INSURANCE

If any loss, damage or legal liability covered under this Policy is also covered by any other insurance, we shall not be liable under this Policy except for any excess beyond the amount payable under such other insurance, provided that the benefit of Accidental Death and Disablement shall not be limited by the foregoing limitation.

GOVERNING LAW

This Policy is subject to the laws of the Philippines and the parties hereto agree to submit to the jurisdiction of the courts of the Philippines.

EXAMINATION OF RECORDS AND AUDIT

We shall be permitted to examine and audit the Policyholder's books and records at any time during the term of the Policy and within two (2) years after the termination of the Policy as they relate to the premiums or subject matter of this Policy.

DISPUTE RESOLUTION

In the event of any dispute which may arise under or in connection with this Policy, whether arising before or after the termination of this Policy, including any determination of the amount of loss, We and the Insured Person agree to participate in a mediation process administered by the Insurance Commission or any recognized mediation institution to resolve such dispute before resorting to arbitration, litigation, or some other dispute resolution procedure. Any mediation process in respect of any claim brought by the Insured Person for loss or damage under this Policy shall be commenced within 30 days after proof of loss is received by Us, and any mediation process must be concluded within 30 days from and after its commencement. In the event that a dispute is not settled through mediation, either party shall have the right to commence a judicial proceeding or, if the parties agree, a binding arbitration proceeding to resolve such dispute. However, such judicial or arbitration proceeding shall not be commenced until at least ninety (90) days after the date the mediation shall have been concluded or terminated.

In the event the dispute is not settled by mediation, and provided that no party has earlier brought the dispute for resolution by a competent court, either party may submit the dispute to a binding arbitration proceeding in accordance with the Rules of Arbitration of the [International Chamber of Commerce], in which the arbitration panel shall be composed of three disinterested individuals. In either mediation or arbitration, the mediator(s) or arbitrators shall have knowledge of the legal, corporate management, or insurance issues relevant to the matters in dispute. Any mediation or arbitration and all related proceedings will be conducted in English. If a party submits a document, witness evidence in a language other than English, that party must also submit an accurate English translation of the same. Each party shall bear its own costs and only share equally the common expenses of the mediation or binding arbitration such as the fees to be paid to the mediator or arbitrator and the mediation or arbitration center.

Notwithstanding the pendency of an arbitration proceeding, any aggrieved party may seek an interim or provisional relief, including but not limited to a preliminary injunctive relief or restraint from the appropriate court. This is without prejudice to the right of a party to seek such interim or provisional relief from the arbitral tribunal.

Notwithstanding any of the foregoing, in respect of any claim of the Insured Person for loss or damage under this Policy, if no ascertainment of loss is made by the parties through the mediation process and following its conclusion but within 60 days after proof of loss is received by Us, We shall pay the amount of loss or damage claimed by the Insured Person within 90 days after proof of loss is received by Us, without prejudice to any remedy available to Us to recover the amount paid should it be determined thereafter that the claim is not entitled to indemnification under this Policy.

In the alternative, if the dispute is not settled by mediation, either party may bring the proper action before the competent courts of Makati City, Philippines, provided that no party has earlier submitted the dispute to binding arbitration.

COMPLIANCE WITH APPLICABLE ECONOMIC AND TRADE SANCTION LAWS

Any benefit or payment under this Policy will only be made in full compliance with all economic or trade sanctions, laws or regulations of any government or jurisdiction, including but not limited to, sanctions,

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laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC"). Whenever coverage provided under this Policy would be in violation of any such sanctions, laws or regulations, such coverage shall be null and void ab initio.

IN WITNESS WHEREOF, STARR INTERNATIONAL INSURANCE PHILIPPINES BRANCH has caused this Policy to be executed on its behalf by the undersigned Authorized Representative.

STARR INTERNATIONAL INSURANCE PHILIPPINES BRANCH
TIN # 008 514 896



Roderick Gil R. Narvacan
Country Manager, Philippines

Documentary Stamps to the value stated have been affixed and properly cancelled on the Office of this Policy.

IMPORTANT NOTICE

The Insurance Commission, with offices in Manila, Cebu and Davao is the government official in charge of the faithful execution and enforcement of all laws related to insurance and has supervision over insurance companies. He is ready at all times to render assistance in settling controversy between an Insurance Company and Policyholder relating to insurance matters.

<https://www.insurance.gov.ph/>