

CLAIM FORM
DENGUE, CHIKUNGUNYA AND ZIKA
Part I- DOCTOR'S MEDICAL EVALUATION REPORT
(To be accomplished by the attending physician)

Patient's Name :	Sex :	Age :
Address :		
Nature of Illness :		
a. Chief Complaint		
b. Final Diagnosis		
c. Brief History of Present Illness		
Date symptoms first appeared :		
Date patient first consulted you for this condition :		
Laboratory tests / ancillary procedures done and the results :		

DECLARATION :

I hereby certify that the statements and facts presented above are true and that I have not withheld any material information in relation to the above condition.

Physician's Signature Over Printed Name

Date : _____

License No. : _____

Contact No. : _____

PART II-
(To be accomplished by the assured)

I. If the Patient Was Confined :

Name of hospital _____ Contact No. _____

Address _____

II. For Death Claim :

Name of Beneficiary : _____ Relationship to _____

II. Claim Settlement Options :

the assured

- For Deposit to the Assured's Bank Account
Account Name : _____ Account No. SA/CA _____

- For Issuance of Check

Assured's Signature Over Printed Name Contact No. : _____ Date Filed : _____

To file a claim :

- Consult a licensed doctor and take the necessary tests.
- Ask your attending physician to fill up and sign the Doctor's Medical Evaluation Report which can be downloaded from our website or picked up from any of our offices.
- All documentary requirements can be sent via e-mail to claims.property@fgic.ph or via viber to 0908-8864866.
 1. Duly accomplished form
 2. Laboratory tests results
 3. If the claimant is a minor, photocopies of the insured's and legal guardian's valid ID and proof of affiliation to the Insured.
 4. For death claim - death certificate, proof of affiliation to the Insured, and valid ID of the beneficiary.

Claim is made payable to:

1. The Insured
2. The Insured's legal guardian if the Insured is a minor.
3. In the event of the Insured's demise, claim shall be made payable in accordance with the Philippine Laws.

If you have any question, please call FGIC – HO Claims Department at (02) 706-39-59 local 431, 432 and 434 or e-mail us at claims.property@fgic.com.ph.