

PLEASE SUBMIT THE FOLLOWING STANDARD REQUIREMENTS FOR ALL TYPES OF CLAIMS:

1. Duly accomplished and signed Critical Illness Claim Form (complete the claim form in BLOCK CAPITALS).
2. Copy of Valid Government ID with three (3) specimen signature.
3. Copy of Attending Physician Statement to be filled up by attending doctor or Physician.
4. List of additional documents needed per type of claim is provided at the back or in page 02 of this claim form.

IMPORTANT, PLEASE READ: Submission of this form together with the supporting document/s is for evaluation purposes only. Oona Insurance reserves the right to request for additional document/s & or information as needed to complete the review of the claim. This must not be construed as an admission of liability.

SECTION I – POLICYHOLDER/INSURED INFORMATION

Name of Policyholder/Company				Policy Number	
Name of Individual Insured/Claimant					
Contact No./Mobile No.			Email Address		
Address of Insured/Claimant	No./St.	Barangay/District	Town/City	Province	Zip Code

SECTION II – CLAIM DETAILS

State the Critical Illness condition claiming for	Date the signs/symptoms first experienced
What are the signs/symptoms experienced?	

SECTION III – ATTENDING DOCTOR DETAILS

Name of Hospital/Clinic					
Complete Address of Hospital/Clinic	No./St.	Barangay/District	Town/City	Province	Zip Code
Contact No./Mobile No. of Hospital/Clinic			Email Address of Hospital/Clinic		
Name of Attending Physician			Date of Treatment/Consultation		

SECTION IV - AUTHORIZATION

TRUTHFULNESS

This is to certify that to the best of my knowledge, all the information provided in this Claim Form is true, complete, and correct. I understand that it may be necessary to verify the information submitted to support my claim.

AUTHORIZATION

I authorize OONA and/or its duly authorized representative to secure whatever information and/or records from any of Insured's employer, business partners, co-employees, staff, consultants, physician, surgeon, hospital, clinic, other medically related facility, and any private or government agency or organization or institution, insurance industry association or from any individual person, who has any records and/or knowledge or any information with regards to the Insured's health, illness, sickness, condition, disability and/or injury, hospital confinement including all medical history as described in this Form.

FRAUD WARNING:

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 represents 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.



Critical Illness Insurance

General Claim Form

v.2025_12

I authorize the said individuals and/or entities that has/have knowledge and access to or custody of any of the records and information regarding Insured's health, Hospital confinement and all medical history to furnish, disclose and release to OONA or its authorized representative. This authorization is in connection with the application for Claims.

I acknowledge and authorize OONA to use any medical and relative information that they have secured or received to process this claims application

DATA PRIVACY

By submitting this claim form, I confirm that I have read, understood and agree to Oona Insurance's Privacy Policy available on its website.

Applicant's signature over printed name

Date signed

CLAIMS PROCEDURE & LIST OF DOCUMENTS REQUIRED

Please prepare a copy of your policy and proof of premium payment when filing a claim for easy reference.

You are required to report your claim the soonest possible time from date of accident/loss.

REPORTING A CLAIM:

- Via Call:**
CLAIMS HOTLINE: (+632) 8876 4400
Smart: +63920 918 6242
Globe +63917 581 7175
- Via Email:**
maclaims@oona-insurance.com.ph
- Via Website:**
www.myoona.ph

SUBMISSION OF CLAIM DOCUMENTS:

- Via Email: maclaims@oona-insurance.com.ph**
Send advance copy of documents required via email for initial processing of claim.
- Directly or via Mail:** Please send copy of documents and required original copy to the following address: **Check all documents before submission, incomplete documents may cause delay in the processing of your claim.*

Oona Insurance Corporation - Claims Division (9F)
1220 Acacia Avenue, Madrigal Business Park
Ayala Alabang, Muntinlupa City 1770

STANDARD REQUIREMENTS:

(For all types of claims)

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PAYMENT OPTION:

- Cheque
- Credit to my Bank Account (please fill out details below)

Bank	Type of Account
Account Name	Account Number
Branch Name	
In this option, I authorize OONA to credit the proceeds to the Bank Account specified above. I certify that I am the owner of the specified bank account, and I am the Owner of the OONA Policy Contract bearing the Policy Number indicated in this form.	

ADDITIONAL REQUIREMENTS:

CRITICAL ILLNESS (CI)

- Original copy of Attending Physician Statement (APS) filled by attending doctor available in our website www.myoona.ph
- Cancer** - copy of HPE result, biopsy, or cytology report, related medical records, laboratory test results, medical imaging etc.
- Heart Attack** - copy of cardiac enzyme, Troponin T result, related laboratory test result, copy of ECG and Angiogram report, related medical report etc.
- Stroke** - copy of laboratory test results, related medical records, medical imaging CT scan etc.

PROOF OF BENEFICIARY:

- If the deceased's marital status at the time of death is single.
 - NSO certified copy of CENOMAR showing the deceased is single.
 - NSO certified true copy of marriage certificate of parents if no surviving child/children OR NSO certified true copy of birth certificate of surviving child/children.
- If the deceased's marital status at the time of death is married.
 - NSO certified true copy of marriage certificate.
 - NSO certified true copy of birth certificate of surviving child/children.

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- If the surviving heir is a minor or of unsound mind, beneficiary should submit proof of guardianship issued by a competent court with jurisdiction

NOTE: Should you have queries on the above requirements, you may call us at (+632) 8876-4400 or send an email to maclaims@oona-insurance.com.ph

List of Acceptable IDs

ID1	Passport	ID10	GSIS e-Card/UMID	ID19	Department of Social Welfare and Development (DSWD) Certification
ID2	Driver's License	ID11	SSS	ID20	Integrated Bar of the Philippines (IBP) ID
ID3	PRC ID	ID12	Senior Citizen Card	ID21	Company ID
ID4	NBI Clearance	ID13	Overseas Workers Welfare Administration (OWWA) ID	ID22	Student's ID
ID5	Police Clearance	ID14	OFW ID	ID23	National ID
ID6	Postal ID	ID15	Seaman's Book	ID24	SEC Certificate of Registration
ID7	Voter's ID	ID16	Alien/Immigrant Certification of Registration	ID25	Business Registration Certificate
ID8	TIN	ID17	Gov't Office/GOCC ID	ID26	PhilHealth ID
ID9	Barangay Certification	ID18	Certification from National Council for the Welfare of Disabled Persons (NCWDP)	ID27	Others (subject to review/validation by Oona Insurance Corporation)

All IDs presented should be within their validity period, clearly readable, untampered, and consistent with the information provided in the relevant application document(s). **Oona Insurance** may require additional supporting documents as deemed necessary.



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