



Compulsory Insurance Coverage for Migrant Workers

General Claim Form

v.2025_12

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 OFW			Master Policy Number		
Birthdate (mm/dd/yyyy)	Civil Status	TIN			
Contact No./Mobile No.			Email Address		
			PC No.		

SECTION II – CLAIMANT'S INFORMATION *(If other than the OFW)*

Claimant's Name		Relationship to the Insured		Birthdate (mm/dd/yyyy)	
Address in the Philippines	No./St.	Barangay/District	Town/City	Province	Zip Code
Contact No./Mobile No.			Email Address		

SECTION III – TYPE OF LOSS

Please check particular type of loss

- Repatriation Claims Subsistence Allowance Compassionate Visit Medical Repatriation
 Repatriation of Mortal Remains Money Claims Emergency Medical Evacuation

SECTION IV – MANNING/RECRUITMENT AGENCY DETAILS

Company Name					
Office Address	No./St.	Barangay/District	Town/City	Province	Zip Code
Contact No./Mobile No.		Office No.	Fax No.		
Email Address			TIN		

SECTION VI - 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 hereby authorize Oona Insurance or its representative to verify the accuracy and truthfulness of document/s &/or information provided from the issuing establishment &/or from competent authorities who have personal knowledge regarding this claim. I hereby irrevocably authorize Oona Insurance Corporation or its representative to obtain my/our record related to the vehicular accident from attending traffic enforcer, police officers, medical practitioner, clinics hospital, insurance companies, government agencies/institutions and other relevant organization or establishment. This authorization is valid even I/we am/are deceased. My/our next kin are also bound by this authorization. The original copy of this authorization has the same effects.

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.



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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

REPORTING A CLAIM

1. Via Call:

If you are OUT OF THE COUNTRY – 00 632 8459 4727
If you are IN THE PHILIPPINES
Mobile phone & landline in provincial area – 02 8459 4727
Landline within Metro Manila – 8459 4727

2. Via Email:

maclaims@oona-insurance.com.ph

PROCEDURE

- Overseas Filipino Worker (OFW) must fill out completely the General claim form (CLDC19004) and submit complete documentary requirements (original or certified true copy) to the Manning/Recruitment Agency.
- Manning/Recruitment Agency will forward the completed form and documents to Oona Insurance for evaluation and processing of claim.
- The documents submitted will be reviewed and evaluated by Oona Insurance, subject to the limits, terms and conditions of Agency – Hired Migrant Worker Insurance Policy.
- Oona Insurance, depending on the nature of claim, shall forthwith ascertain the truth and extent of the claim and make payment within ten (10) days from the filing of the notice of claim and submission of complete documentary requirements.
- Settlement checks shall be made payable to the OFW or its beneficiaries or Manning/Recruitment Agency for the account of OFW.

STANDARD REQUIREMENTS:

FOR ALL TYPES OF CLAIMS

- Original Copy of duly accomplished Oona Claim Form
- Photocopy of Employment Contract
- Photocopy of the Passport, front page and the portion showing the Immigration stamp marks on arrival and departure at country of work.

ADDITIONAL REQUIREMENTS:

REPATRIATION

- Polo Certificate / Incident Report
- Return Trip Ticket
- Official Receipts for Return Ticket

MEDICAL REPATRIATION

- Medical Certificate
- Return Trip Ticket
- Official Receipts for Return Ticket

REPATRIATION OF MORTAL REMAINS

- Copy of Passport / Custom Clearance / Certificate that the mortal remains arrived
- Death Certificate / Police Report
- Airway Bill
- Official Receipts for Return Ticket

LEGITIMATE MONEY CLAIM

- NLRC Complaint Form
- NLRC Quitclaim and Release
- NLRC Order

COMPASSIONATE VISIT

- Copy of Passport Visiting Relative
- Medical Certificate of the migrant worker stating conditions and physician's prognosis
- Copy of Travel Ticket of Visiting Relative (Back and forth)
- Official Receipts for Two Way Ticket

EMERGENCY MEDICAL EVACUATION

- Medical Certificate of the migrant worker stating conditions and physician's prognosis

SUBSISTENCE ALLOWANCE

- The concerned Labor Attaché or, in his absence, the embassy or consular official shall issue a certification which state:
 - The title of the case
 - The names of the parties
 - The nature of the cause of action of the migrant worker
 - Duration of the case
- Proof of Advancement of Agency to Worker

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FOR DEATH CLAIMS

1. Duly accomplished notification of claim form**
2. Death Certificate – in case of natural or accidental death
3. Police Accident Report - in case of accident
4. Photocopy of the Passport, front page and the portion showing the Immigration stamp marks on arrival and departure at country of work
5. Employment Contract

FOR PERMANENT TOTAL DISABLEMENT CLAIMS

1. Medical Certificate / Attending Physician's Statement to the disability
2. Duly accomplished notification of claim form**

FOR IDENTIFYING THE LEGITIMATE AND/OR DESIGNATED BENEFICIARIES

1. Birth Certificate (NSO certified) of Insured, if beneficiary is a parent or a child
2. Marriage Certificate of Insured and Spouse, if beneficiary is the spouse
3. Affidavit of legal guardianship or Guardian's Bond as approved by Court, if beneficiary is a minor
4. Other documents as may be necessary to establish identity of claimants

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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