

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

1. Duly accomplished and signed Personal Accident Insurance General Claim Form (complete the claim form in BLOCK CAPITALS).
2. Copy of Valid Government ID with three (3) specimen signature.
3. 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

Date and Time of Loss	Place of Loss
Circumstance of Loss & Injuries Sustained	

SECTION III – MEDICAL CERTIFICATE *(if claiming for medical related expenses and benefit)*

Name of Hospital/Clinic					
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		
Initial Complaint/Impression			Complete Diagnosis & Treatment Given (if any)		
Signature of Attending Physician & Professional License No.				Date Signed	

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.

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.

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:

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

SUBMISSION OF CLAIM DOCUMENTS:

1. **Via Email: maclaims@oona-insurance.com.ph**
Send advance copy of documents required via email for initial processing of claim.
2. **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)

1. Original copy of duly accomplished Oona Claim Form.
2. Copy of one (1) valid government ID with three (3) specimen signature OR copy of driver's license if insured is driving a motor vehicle at the time of accident.
3. Copy of proof of qualification to avail of the insurance cover such as, but not limited to personal loan agreement, latest statement of account of monthly amortization, credit card (please do not show the CVV number), etc. (for exclusive products).

ADDITIONAL REQUIREMENTS:

MEDICAL REIMBURSEMENT (MR)

1. Certified true copy or original copy of incident report issued by competent authorities or police report.
2. Certified true copy or original copy of medical certificate.
3. Copy of related hospital records, such as but not limited to laboratory test results, medical abstract, discharge summary, prescription slips, etc.
4. Copy of hospital statement of account with date of admission and date of discharge.
5. Original official receipts of medical expenses.

DAILY HOSPITAL INCOME BENEFIT (DHI)

1. Certified true copy or original copy of medical certificate with time & date of admission and time & date of discharge.
2. Copy of discharge summary and medical abstract.
3. Copy of hospital statement of account with time & date of admission of charge.

PROOF OF BENEFICIARY

1. If the deceased's marital status at the time of death is single.
 - a. NSO certified copy of CENOMAR showing the deceased is single.
 - b. 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.
2. If the deceased's marital status at the time of death is married.
 - a. NSO certified true copy of marriage certificate.
 - b. NSO certified true copy of birth certificate of surviving child/children.
3. If the surviving heir is a minor or of unsound mind, beneficiary should submit proof of guardianship issued by a competent court with jurisdiction.

MONTHLY SHELTER ALLOWANCE (MSA)

1. Copy of proof of billing showing address.
2. Copy of proof of payment related to shelter such as but not limited to rental payments.

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Personal Accident Insurance

General Claim Form

v.2025_12

DEATH CLAIM DUE TO ACCIDENT (ADD/UMA)

1. Certified true copy or original copy of police report with supporting documents showing result of investigation.
2. Certified true copy of death certificate.
3. NSO certified true copy of birth certificate of deceased.
4. Certified true copy or original copy of certificate of employment if employed or proof of membership.
5. Copy of 1 valid government ID of beneficiary/ies with 3 specimen signatures.
6. Admissible proof of beneficiary (please see list of documents required).

FUNERAL/BURIAL ASSISTANCE (BA)

1. Original copy of burial receipts.

ACCIDENTAL PERMANENT DISABLEMENT (ADD)

1. In addition to the required documents under MR, insured must submit doctor's certification describing nature and extent of disablement.

EDUCATIONAL ASSISTANCE (EA)

1. Copy of birth certificate of child/children enrolled.
2. Certified true copy or original copy of proof of enrollment.
3. Copy of proof of payment of tuition fees with statement of account/details from the school.

CALAMITY/FIRE ASSISTANCE (CA/FA)

1. Original copy of barangay certification that you are affected by fire or confirmation of incident of fire.
2. Photographs taken of residence/house affected by fire.

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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