

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

Affected Property/ Injured Person/ Third-Party		Date and Time of Loss			
Address of Affected Property/Place of Accident			Nature of Loss	Estimated Amount of Loss/Damage	
Pictures of Damaged Property (Kindly attach to file)					

SECTION III – PAYMENT THROUGH BANK TRANSFER

Complete Account Name					Is this a joint account? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<i>IMPORTANT: FOR JOINT ACCOUNTS PLEASE INDICATE THE COMPLETE NAME AS REGISTERED IN THE BLANK (EX: AND, OR, /, AND/OR)</i>						
Account Holder Address	No./St.	Barangay/District	Town/City	Province	Zip Code	
Name of Bank			Account Number (Please put a space per number) Ex. 1 2 3 4 5			
Bank Branch Name			Currency	Bank Swift Code		
Bank Branch Address	No./St.	Barangay/District	Town/City	Province	Zip Code	
Other details (if any)						

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.

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

PROCEDURE

- For notification of claim, please call OONA Insurance Corporation Claims Hotline at (632) 8876-4400 or send an email to otherclaims@oona-insurance.com.ph
- Please expect a call from the assigned loss adjuster for the initial claim inquiry and schedule of inspection.
- After inspection, list of requirements will be provided for submission.
- The documents submitted will be reviewed and evaluated by OONA Insurance Claims Department, subject to the provisions, terms, and conditions of the Insurance Policy.
- OONA Insurance shall process the claim documentation and loss adjustment and make an offer of settlement upon completion.
- Settlement will immediately be processed upon receipt of acceptance to the offer.

GENERAL REQUIREMENTS

- Duly accomplished General Claim Form CLDC19003.
- Non-Waiver Agreement (form to be provided by OONA Insurance)
- Notarized Sworn Statement of Loss (form to be provided by OONA Insurance)
- Proof of Damage, such as, but not limited to:
 - Pictures of affected items
 - Inventory list of affected items with valuation
 - Fire Clearance Certificate / Incident Report
- Proof of Purchase/Valuation such as, but not limited to:
 - Sales invoice, Receipts and/or vouchers of affected items
 - Copy of quotation from at least two (2) suppliers
- Proof of Ownership such as but not limited to:
 - Transfer Certificate of Title and/or Declaration of Real Property Tax
 - Valid identification of owner / authorized signatory
 - Special Power of Attorney – for authorized representative
 - Secretary's Certificate – for corporation
 - Securities and Exchange Commission Certificate (for business)
 - Lease Contract/Agreement
 - Residential Condominium Contract / Condominium Certificate of Title

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.

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.