InLife Benefits Insurance Company, Inc.
10th Floor Petron Mega Plaza, Makati City
1209 Philippines
P +632 8888 0808 | TIN 203-028-895-000
inlifebenefits.com.ph

CLAIMANT'S STATEMENT
ACCIDENTAL MEDICAL REIMBURSEMENT

CLAIM REQUIREMENTS: Please refer to the annex or visit https://www.inlifebenefits.com.ph/claims-filing/

INSURED'S INFORMATION: Kindly ensure providing complete and accurate information below.

Last Name	First Name	Middle Name	Suffix
Address			
Date of Birth (MM/DD/YYYY)	Age	Place of Birth	
Nationality	Civil Status	Sex	ID Type and No.
Occupation	Name of Employer	Office Address	
Home Telephone No.	Mobile No.	Email Address	

DETAILS OF THE ACCIDENT:

Date and Time of Accident: _____ Place where the accident occurred: _____

Details of the Accident: _____

_____

Details of the Injury/ies:

_____

Date of Hospital Admission: _____ Date of Hospital Discharge: _____

Final Diagnosis: _____

Expected date of return to usual occupation: _____

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Please indicate below the name and address of all Physicians, including medical facilities, where Insured had record/s of consultation/s and confinement/s related to the accident:

Date of Consultation / Confinement	Name of Physician	Name of Hospital or Clinic and Address	Diagnosis / Treatment / Procedure

By filling the table above, you authorize INLIFE BENEFITS to obtain an investigative report from its duly authorized inspection agency or independent medical practitioner, which will provide any pertinent information concerning the Accidental Medical Reimbursement claim. INLIFE BENEFITS may seek second opinion from other medical experts or specialists to confirm the diagnosis and extent of the injury. This ensures that the claim is based on accurate and comprehensive medical information.

PAYOUT INSTRUCTION: Please submit a copy of any account proof such as Passbook or deposit slip. Account proof should show Bank Name, Account Name and Number.

Bank Name	Bank Address	Bank Account Name	Bank Account Number
For Foreign Bank Accounts, please fill out the information below. Please note, as well, that fund transfer is allowed only to the bank account of the Insured and if the Insured agrees to shoulder bank charges, if applicable.			
Swift Code		Type of Account / Currency	

The undersigned assumes full responsibility for the accuracy of the bank account information provided above. Undersigned / Beneficiary shall bear the consequences or delay resulting from any error(s) in the bank account information provided.

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CLAIMANT'S DECLARATION AND AUTHORIZATION
PRIVACY PROVISIONS AND CONSENT

To facilitate the assessment and processing of your claim, and to ensure compliance with the terms of the Group Life Insurance Policy under which you are the insured, InLife Benefits Insurance Company, Inc is committed to providing you with transparent information regarding the processing of your Personal Data. This transparency enables you to understand the nature of the data we collect and how it will be processed, empowering you to maintain control over your Personal Data and provide informed consent. We are dedicated to safeguarding the confidentiality and security of all personal information, including sensitive personal information, through limiting access and maintaining appropriate organizational, technical, and physical safeguards.

As the Personal Information Controller responsible for processing your Personal Data, INLIFE BENEFITS ensures that you receive the necessary assistance in processing your claim. Our latest privacy policy is available online at any time by visiting: https://www.inlifebenefits.com.ph/privacy-policy/.

In the course of our processes, INLIFE BENEFITS may collect, process, and disclose various types of personal information about you, such as your name, sex, address, contact details, citizenship, or occupation. Additionally, to ensure you receive the benefits covered by the Group Life Insurance Policy according to the insurance policy and in compliance with applicable regulations, INLIFE BENEFITS may gather, handle, and disclose sensitive personal information, such as dates of birth, civil status, and details related to your health as an insured individual. This includes medical records (including symptoms, diagnoses that led to your claim, and treatment details), place, date, and cause of injury, accident details, physicians/medical institutions where you had records of consultations/confinements, and any other relevant information required for processing of your claim. INLIFE BENEFITS may need to collect medical evaluations and reports stating the cause and extent of the injury, and the anticipated prognosis. These evaluations are critical for assessing the validity of your claim.

By signing this document, you authorize INLIFE BENEFITS to access and obtain copies of your records for the purpose of evaluating your claim. This authorization extends to any physician, medical practitioner, hospital, clinic, or other medical facility, as well as insurance or reinsurance companies, entities, or employers, possessing information relevant to the diagnosis, treatment, results, and prognosis of your physical or mental condition.

You grant INLIFE BENEFITS permission to collect any necessary information or records to process your claim. This authorization encompasses all records containing medical or non-medical data, including but not limited to mental and dental care, drug or alcohol use, prescribed medications, information regarding communicable diseases, and any details regarding your accident, employment and insurance coverage.

It is understood that by virtue of this authorization, any such physician, medical practitioner, hospital, clinic, or other medical facility or entities or employers or any and all members of its staff shall be released from any responsibility or obligation in connection with the release of such records or information. This also includes any witnesses to the accident who may provide statements or information relevant to the claim.

Personal Data will be collected when you submit a request for processing your insurance claim and at any subsequent stage where you submit pieces of documentation or information that are necessary for its handling.

INLIFE BENEFITS may utilize the Personal Data collected for various purposes, including: (a) Verify your identity and status as the insured, including assessing the validity and accuracy of the claim, determining coverage and benefits under the insurance policy, communicating with claimant(s) and any authorized parties involved regarding the claim, investigating the circumstances surrounding the accident and claim (including medical history and cause of injury), and evaluating medical records and other relevant documentation provided by the claimant(s). This also involves coordinating with medical professionals or institutions for verification and assessment purposes. This may imply cross-referencing medical records, confirming the dates and details of treatments, and ensuring that all information is consistent and accurate; (b) Ensure timely and accurate processing of your insurance claim, including calculating and disbursing insurance benefits to the rightful individual; (c) Understand your satisfaction with our claims-handling process and gather feedback through voluntary satisfaction surveys; (d) Inform you about InLife Benefits' products and services, including any insurance options available to you; (e) Ensure compliance with applicable laws, regulations, and obligations; (f) Identify, investigate, and prevent financial crimes such as money laundering and fraudulent claims related to your claim; (g) Handle any disputes or inquiries related to the claim; (h) Maintain internal record-keeping and conduct internal control and audit purposes.

Please note that the sharing of Personal Data shall only occur when strictly necessary and shall be limited to the purposes stated above. Therefore, your Personal Data shall solely be utilized by INLIFE BENEFITS employees. Additionally, exclusively for the fulfillment of the aforementioned purposes, we may need to share your Personal Data on a strict need-to-know basis with third parties, including:

- Medical facilities, diagnostic and testing centers, rehabilitation centers, attending physicians or medical examiners may need to disclose any information and related documents required for processing your insurance claim, including investigation into the cause of injury.
- Other insurers involved in the coordination of benefits or subrogation processes.
- Duly authorized inspection agency, accident investigators, forensic experts if required for detailed accident analysis, or independent medical practitioner.
- Other accredited third-party service providers and vendors or institutions necessary for ensuring timely processing of the claim and disbursing benefits to you as the Insured (including financial institutions facilitating payments related to the claim).
- Reinsurance companies providing coverage to the insurer.
- Third-party service providers and vendors necessary for the purposes of preventing financial crimes (including combatting insurance fraud) and ensuring compliance with applicable laws and regulations. Additionally, law enforcement agencies may be involved in cases related to fraud or criminal activity.
- Medical Information Database administered by the Philippine Life Insurance Association (PLIA) and accessible to life insurance companies for purposes allowed under the Insurance Commission Circular Letter No. 2016-54, Loan Database administered by the Credit Information Corporation, and other databases administered by similar agencies.
- Our government or regulatory bodies or any person to whom INLIFE BENEFITS must disclose data: (a) under a legal and/or regulatory obligation; or (b) pursuant to an agreement between INLIFE BENEFITS and the relevant government regulatory body or other person.
- Data storage providers hosting digital records for archival and retrieval purposes.
- External auditors or consultants conducting reviews or audits of claims processes to ensure compliance and accuracy in the claims handling procedures.

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We will not disclose any information pertaining to the insurance claim to any other third party without your explicit authorization. This authorization may be provided, for example, to support you during the processing of the claim, by an assisting party, through a separate authorization form (different from this one).

These third parties may be situated outside the Philippines. However, the transfer of your Personal Data will adhere to applicable laws and international agreements, alongside suitable safeguards. For instance, our service providers must safeguard your Personal Data in accordance with InLife Benefits' privacy principles, policies, and best practices.

Generally, we retain your Personal Data only for the duration necessary to fulfill the purposes for which it was collected. Hence, unless specific requirements necessitate an extended retention, information contained in the claim documents will be retained for a maximum of 10 years from its settlement, while details pertaining to the claim itself (stemming from these claim requests), as part of InLife Benefits' obligations, will be retained for 10 years from the termination of the Group Life Insurance Policy, without loss of any of your rights enshrined under the Data Privacy Act.

INLIFE BENEFITS and everyone involved in processing your Personal Data respect your data privacy rights. As per applicable law, you have the right to:

- Access and get information about your personal data that INLIFE BENEFITS holds about you;
- Obtain your personal data in an electronic format;
- Correct or update your personal data so that it is always accurate;
- Withdraw your consent at any time where your personal data has been processed with your express consent;
- Restrict or object the processing of your personal data in certain circumstances;
- Delete your personal data from our records upon your request;
- File a complaint with us and/or the National Privacy Commission and the right to be indemnified for damages due to a violation of your rights as a customer; or
- Data portability through which you may obtain and electronically move, copy, or transfer your data securely for further use

If you wish to access, rectify, or update your Personal Data, exercise your rights, or address any inquiries or concerns, please email InLife Benefits' Data Protection Officer (InLife Benefits' DPO) at privacy@inlifebenefits.com.ph. For further information on how INLIFE BENEFITS manages your Personal Data, please also contact InLife Benefits' DPO. Suggestions or comments regarding this 'Privacy Provisions and Consent' can also be directed to InLife Benefits' DPO. You can reach out by email or mail at InLife Benefits' office address 10th Floor, Petron Mega Plaza Building, 358 Sen. Gil Puyat Avenue, Makati City.

By signing below, you indicate that you have read, understood, acknowledged, and agreed to provide your consent for the collection, use, processing, and disclosure of your Personal Data, as well as agreeing to be bound by the terms outlined in this 'Privacy Provisions and Consent'. You agree to the purposes for which your Personal Data will be processed and the parties to whom it may be disclosed. While it is at your discretion what information you provide, it is understood that withholding or providing false information may have consequences. You also have the right to rectify any inaccuracies in your information.

By accepting these terms, you consent to receiving communications, offers, or promotions from INLIFE BENEFITS that may be of interest to you, even after the eventual termination of the insurance policy under which you are the Insured. If you no longer wish to receive these communications, you can revoke your consent at any time by contacting InLife Benefits' Data Protection Officer (DPO) at privacy@inlifebenefits.com.ph.

This consent remains valid until you choose to alter or revoke it by providing written notice to InLife Benefits' DPO at privacy@inlifebenefits.com.ph. Please note that withdrawing your consent may impact InLife Benefits' ability to respond to a claim. As anticipated, INLIFE BENEFITS may use your Personal Data to send you offers or information about our products and services that may be of interest to you. If you do not wish to receive such information, please provide written notice to InLife Benefits' DPO.

A photocopy or electronic copy of this authorization will be as valid as the original.

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I, _____, of legal age, Filipino Citizen, with postal address at
(Insured / Claimant's Name)

_____on oath hereby attest that:

The foregoing information provided in this Claimant's Statement – Accidental Medical Reimbursement Form are true, correct and complete to the best of my knowledge and belief.

Subject to the actual receipt of the insurance proceeds, I hereby agree that upon such receipt, I shall voluntarily, freely, and unconditionally release and forever discharge InLife Benefits Insurance Company, Inc its directors, officers, shareholders, employees, agents, and its successors-in-interest or assigns from any and all claims. demands, liabilities, obligations, damages, action or causes of action, in law or in equity that I may claim to hold, related to my claim for insurance proceeds.

Signed this _____ day of _____ year _____ in _____.

_____
Signature above Full Name of Beneficiary / Claimant

SUBSCRIBED AND SWORN to me before this _____of _____ year _____ in _____

affiant exhibiting to me his/her _____ as competent proof of identity.

(ID Type and Number)

NOTARY PUBLIC

Reminders:

- *The issuance of this form does not constitute an approval of claim or imply an admission of liability in any way.*
- *The claim will not be processed unless accompanied by the duly executed Claimant's Statement and Attending Physician's Statement form and other documentary requirements.*
- *We remind that the Insured Person has a duty of disclosure of a material fact and this duty continues throughout the life of the Policy. INLIFE BENEFITS will void the Policy if cover has been obtained by any misrepresentation, misdescription, use of a fraudulent document or non-disclosure of any material fact. If you are in any doubt as to whether a fact is material or not, please contact us for clarification.*
- *By submitting this claim, you declare that all information and documentation submitted are true to the best of your knowledge, complete and correct.*
- *Any fraudulent request will be refused and, accordingly to its gravity, can be reported to the police or any competent authority. Please note that any attempt to mislead may result in prosecution (max. fine worth twice the amount the person claimed and imprisonment of up to two years, Art. 251 of the Amended Insurance Code).*