

PHILIPPINE PRUDENTIAL
Suites 305-308 & 510-513, AIC Burgundy Empire Tower
ADB Avenue corner Garnet & Sapphire Roads,
Ortigas Center, Pasig City
Tel. # 902-2330/902-2300 loc.4071/ 3551/ Fax # 631-32-28
Contact persons: Melody Padilla/ Amy Pallarca/Oneng Batac

REQUIREMENTS IN HOSPITAL INCOME BENEFIT

1. Photo copy of the Insurance Certificate
2. Hospital Income Benefit Form
3. Statement of Account from the Hospital
4. Medical Certificate from the Attending Physician
5. Other pertinent medical records

MEDICAL REIMBURSEMENT

1. Photo copy of the Insurance Certificate
2. Claimant's Statement & Attending Physician Statement Form
3. Medical Records/ Consultation
4. Police/ Accident Report
5. Prescription
6. Original Receipts
7. Birth Certificate if minor

DISABILITY CLAIM GUIDE

1. Photo copy of the Insurance Certificate
2. Hospital Income Benefit Form (if due to Sickness)
3. Latest Medical Certificate
4. Discharge Summary/ Medical Records
5. Police/ Accident Report (if due to Accident)
6. Close-up photos of the injured part of the body

DISMEMBERMENT CLAIM GUIDE

1. Photo copy of the Insurance Certificate
2. Latest Medical Certificate
4. Claimant's Statement & Attending Physician Statement Form (for Personal Accident)
5. Police/ Accident Report
6. Close-up photos of the injured part of the body