

CONFIRMATION OF COVER

This is to confirm that Mr./Ms. _____ is covered under **VSecure Insurance Program** underwritten by **Malayan Insurance Co., Inc.** with Master Policy No. P0016556 for the following benefits:

BENEFITS	LIMITS
Accidental Death, Dismemberment &/or Disablement (AD&D)	Php100,000.00
Burial Expense Benefit (due to accidental death)	Php10,000.00
Medical Reimbursement (accidental injuries)	Php10,000.00
Daily Hospital Income Benefit (max 5 days per confinement - annual aggregate limit of 30 days)	Php500.00/day

This confirmation is governed by the terms and conditions of said Master Policy and all claims will be adjusted in accordance therewith. The insurance will commence from 12:01 Noon, Manila Standard Time of date appearing above and expiring three (3) months thereafter.

Signature over printed name of the Insured
(not valid w/o signature)

YVONNE S. YUCHENGCO
President
Malayan Insurance Co., Inc.

Insured's Occupation

Insured's Date of Birth

Name of Beneficiary: _____
(Any of the ff: Spouse, Children, Parents &/or Siblings)



MALAYAN INSURANCE
A YGC Member

This policy covers against loss (as listed under Benefits, below) resulting directly and independently of all other causes, from bodily injuries caused by accident. However coverage as respect flying is limited to loss occurring while the insured is riding solely as a passenger, not as an operator or a crew member, in boarding or alighting from:

- a certificated passenger aircraft provided by a regularly established airline on any regular scheduled flight and operated by a properly certificated pilot flying over an established aerial route between duly established and maintained airports,
- any transport type aircraft operated by the Military Air Transport Service (MATS) of the United States or by the similar air transport service of any duly constituted governmental authority of the recognized government of any nation anywhere in the world.

Accidental Death, Dismemberment &/or Disablement (AD&D)

The insurance afforded is only with respect to injuries, which directly and independently of all other causes, result in DEATH or DISMEMBERMENT or LOSS OF SIGHT as stated hereunder. When injury shall result in any of the following losses within twelve (12) consecutive months after the date of the accident, the insurer will pay for the loss of:

Life	The Principal Sum
Both Hands or both Feet or Sight of both Eyes	The Principal Sum
One Hand and One Foot	The Principal Sum
Either Hand or Foot and Sight of one Eye	The Principal Sum
Either Hand or Foot	One Half of The Principal Sum
Sight of either Eye	One Half of The Principal Sum

"Loss" as above used with reference to hand or foot means complete severance through or above the wrist or ankle joint, and as used with reference to eyes means the entire and irrecoverable loss of sight. The occurrence of any specific loss for which indemnity is payable under this Part shall at once terminate all insurance under this Policy, but such termination shall be without prejudice to any claim originating out of the accident causing such loss. No indemnity will be paid under any circumstances for more than one loss, the greatest, for which provision is made in this Part.

In the event of accidental death of the Insured, the principal sum benefit shall be paid to the beneficiary indicated in this COC, otherwise to the estate. All other benefits shall be payable to the Insured. Dismemberment/Disablement is subject to the Table of Benefits of the Standard PA policy.

Daily Hospital Income Benefit

Definitions

"Injury" wherever used in this policy means bodily injury caused by an accident occurring while this policy is in force as to the person whose injury is the basis of claim and resulting directly and independently of all other causes in loss covered by this policy.

"Accident" wherever used in this policy, the terms accident or accidental shall mean, a sudden, unforeseen, external and violent event which causes bodily injury or loss of life.

"Physician" wherever used in this policy means a person legally licensed to practice medicine and surgery other than the insured or a member of the insured's immediately family.

"Hospital" wherever used in this policy means an establishment which meets all of the following requirements: (1) holds a license as a hospital; (2) operates primarily for the reception, care and treatment of sick, ailing or injured person as in-patients; (3) provides 24-hour-a-day nursing service by registered or graduate nurses; (4) has a staff of one or more licensed physicians available at all times; (5) provides organized facilities for diagnosis and major surgical facilities; (6) maintain at least six (6) beds installed for 24-hour use by patients; and (7) is not a primarily a clinic, nurse, rest, or convalescent home or similar establishment and is not other than incidentally, a place for alcoholic or drug addicts.

"Insured" wherever used in this policy means eligible person or named in the application and accepted by the Company as insurance risks.

Daily Hospital Indemnity

If the Insured shall be necessarily confined continuously on a 24-hour basis commencing while this policy is in effect, within a hospital as resident patient under the professional care of a currently licensed physician or surgeon, the Company will pay the Daily Hospital Income Benefit stated in the policy with respect to such Insured for each day that the Insured shall be so confined therein up to limit indicated in the Table of Benefits.

Successive periods of hospital confinement, due to the same or related causes, shall be considered as one accident unless separated at least six consecutive months during which the Insured is not hospital confined as a result of such accident. No insurance provided by this policy shall become effective as to the Insured if such person is hospital confined, disabled or receiving payment for a claim when such insurance would otherwise take effect, and the insurance of such person shall take effect thirty-one days after hospital confinement or disability terminates.

EXCLUSIONS

- loss caused directly or indirectly, wholly or partly by:
 - bacterial infections, viral infections, sickness or disease (except pyogenic infections which shall occur through an accidental cut or wound); or infections caused by parasites;
 - medical or surgical treatment (except such as may be necessary solely by reason of injuries covered by this policy);
 - miscarriage or pregnancy;
- suicide or any attempt thereof;
- murder or assault or any attempt thereof;
- loss occasioned by war, invasion, act of foreign enemy, hostilities or warlike operations (whether war be declared or not), mutiny, strikes, riots, civil commotion, civil war, rebellion, revolution, insurrection, conspiracy, terrorism, military or usurped power, martial law, or state of siege, seizure, quarantine, or customs regulations or nationalization by or under the order of any government or public or local authority. This exclusion shall not be affected by any endorsement which does not specifically refer to it, in whole or in part. The application of the exclusion referring to martial law or state of siege is hereby

- waived for any territorial jurisdiction of the Republic of the Philippines; nuclear radiation or radioactive contamination;
- injury sustained while participating in amateur or professional athletics, local sports leagues or international tournaments, or any organized and scheduled amateur physical contact sport;
- injury sustained while engaging in but not limited to mountaineering requiring the use of ropes or guides, skin diving employing the use of compressed air cylinders, racing on wheels or horseback, skydiving from device for aerial navigation, hang gliding;
- cave-in of mines;
- loss of life or injury sustained as a direct result of, in connection with or attributable to the insured being under the influence of alcohol or regulated/prohibited drugs;
- loss while participating in any brawl, committing a crime, or making an arrest or a raid as an officer of the law; policemen, NEI and other civilian authority whose duty is to maintain peace and order, while serving the Armed Forces of any country or international authority, whether in peace or war;
- while operating, learning to operate or serving as a crew member of an aircraft or vessel;
- any of the following persons:
 - persons who are under the age of eighteen (18) years, or over the age of sixty-five (65) years, or mentally incompetent or physically impaired;
 - acrobats, asylum attendants, aviators, boilermen, construction workers, detectives, divers, explosive makers, firemen, fishermen, loggers, miners, policemen, sailors, sawmill workers, secret service personnel, woodworking machinists, underground workers and window cleaners, while performing their tasks as such.

CLAIMS PROCEDURE

IN CASE OF A CLAIM, the Insured or his Dependents should submit the following original documents to Malayan Insurance at 484 Q. Paredes St., Binondo, Manila, or at the nearest Malayan Insurance branch in the Philippines.

Claims Requirements:

General Requirements:

- Claim forms (provided by the Company and filled out by the insured)
- Original Confirmation of Cover
- Xerox copy of valid I.D. with signature back to bank
- Duly notarized Police Report or Incident Report
- Statement of Account issued by the hospital

Additional Requirements for Accidental Death

- Death Certificate (Original or Certified True Copy) with the seal and issued by the Local Civil Registrar
- Post Mortem Examination
- Birth Certificate of the Insured (Original or Authenticated Copy)
- Identification of Beneficiary
 - For Spouse: Marriage Contract
 - For Parents/Children/Siblings: Birth Certificate

Additional Requirements for Accidental Dismemberment / Disablement

- Medical Certificate from attending physician
- Picture, showing the injury

Additional Requirements for Hospitalization Benefit / Medical Reimbursement

- Operating room report (if an operation was done)
- Certified true copy of Records of confinement/discharge summary
- Certified true copy of Admitting history or Clinical abstract
- Medical Certificate from the hospital indicating cause and duration of hospitalization
- Medical Abstract (optional)
- Birth Certificate of the Insured
- Accident/Incident Report (for accident only)
- Original Receipts and Statement of Account from the hospital

Additional Requirements for Accidental Medical Reimbursement

- Medical Certificate from attending physician
- Operating Room Report
- Doctors prescription (if available)
- Original Official Receipts

NOTICE OF CLAIM

Written notice of injury on which claim may be based must be given to the Company within thirty (30) days after the date of the accident causing such injury. In the event of accidental death, immediate notice thereof must be given to the Company.

DISCLAIMER

This Confirmation of Cover is intended to be a general summary. For full details on terms, conditions, exclusions and provisions of your coverage, you may request for a copy of the Master Policy.