Digital Forms

GENERALI

Digital Forms

Submitting a medical reimbursement and filing a claim now made accessible.

All transactions are digital-based. No more paperworks.

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01 How to Submit Reimbursementt

02 How to File a Life Claim

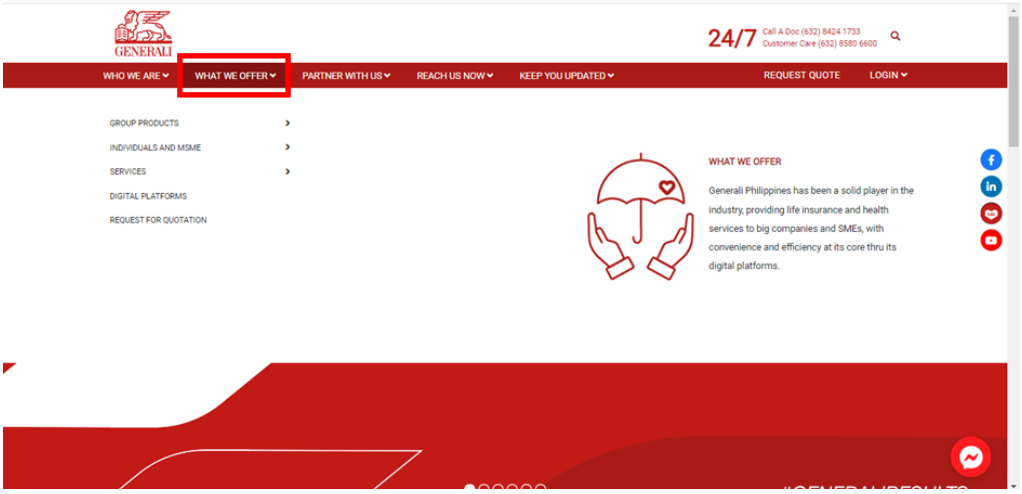
03 How to File a Personal Accident Claim

04 How to File a Critical Illness Claim

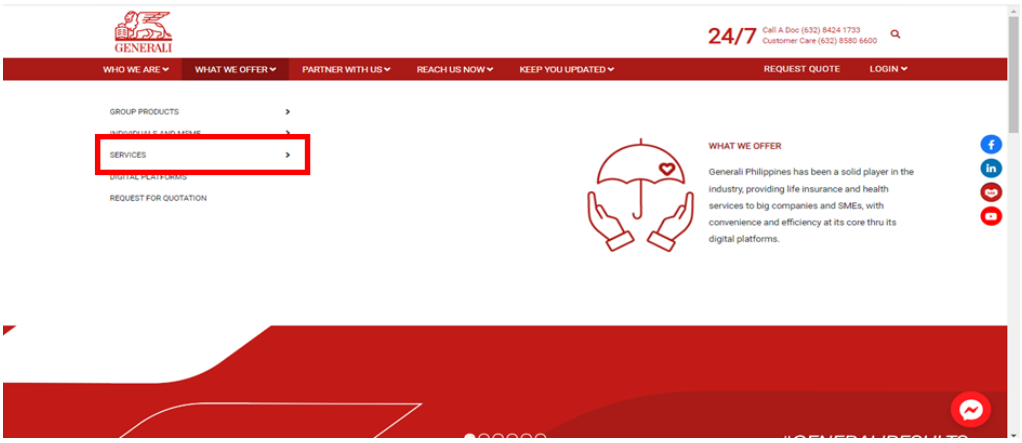
05 How to File a Credit Life Claim

01 How to Submit Reimbursement

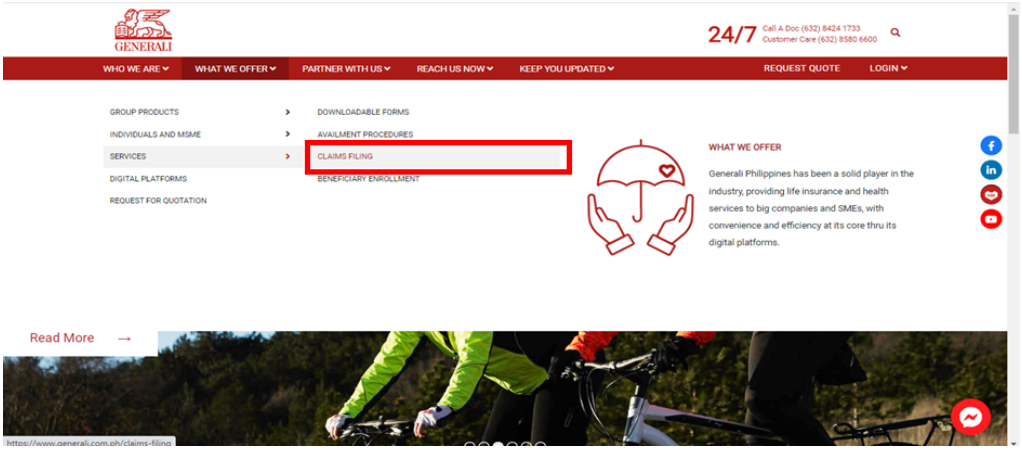
On the Generali website **https://www.generali.com.ph/**, hover on **“WHAT WE OFFER”**



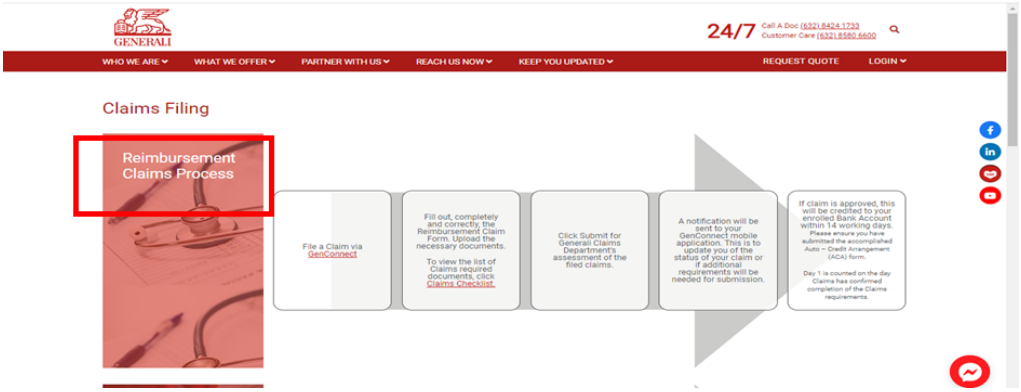
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



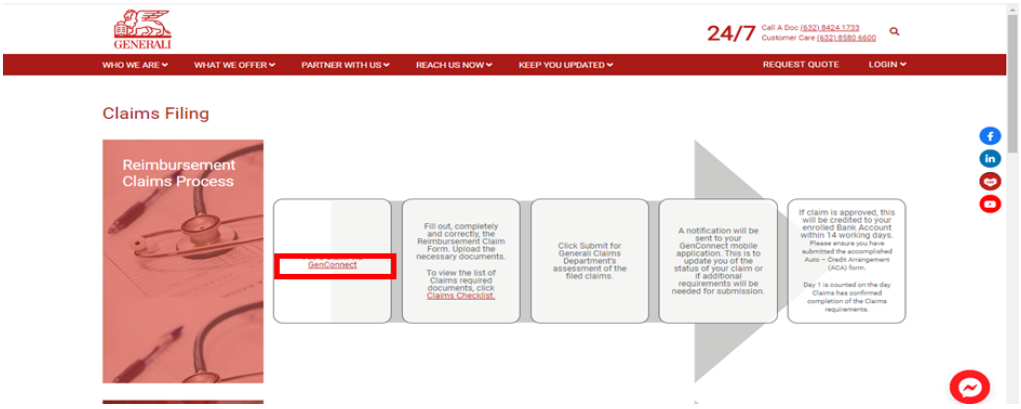
Click **“CLAIMS FILING””**, upon hovering on **“SERVICES”**



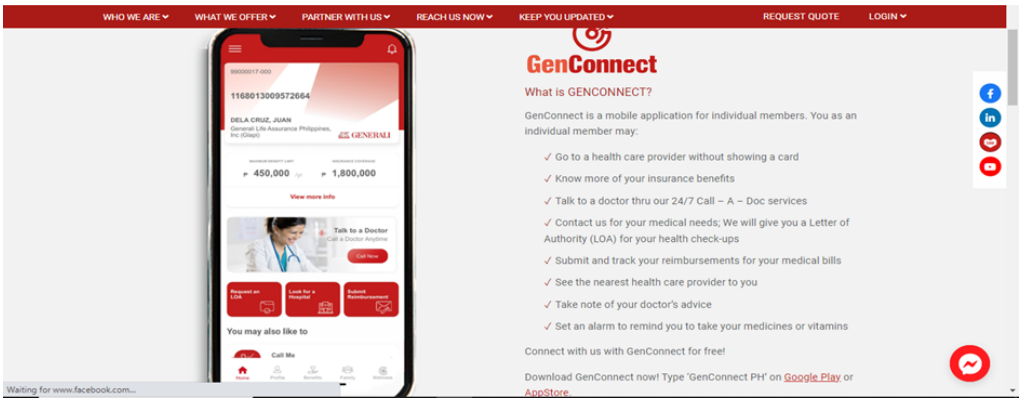
Scroll to **"REIMBURSEMENT CLAIMS PROCESS"**



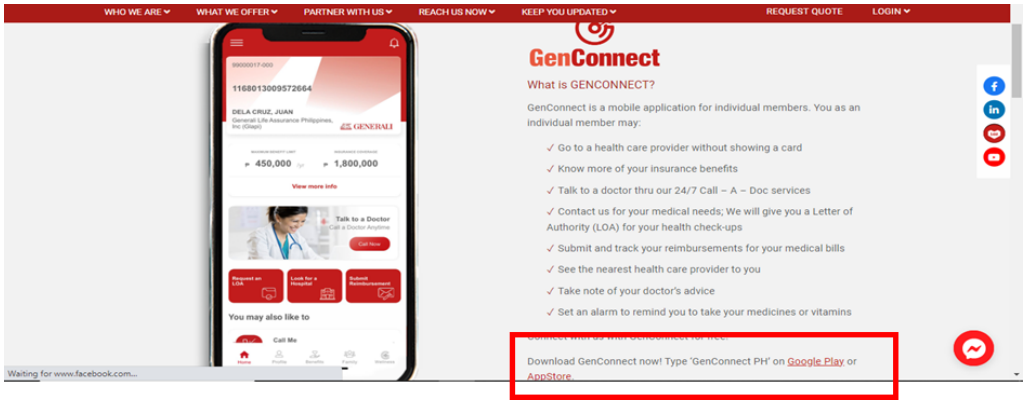
Click **"GenConnect"**



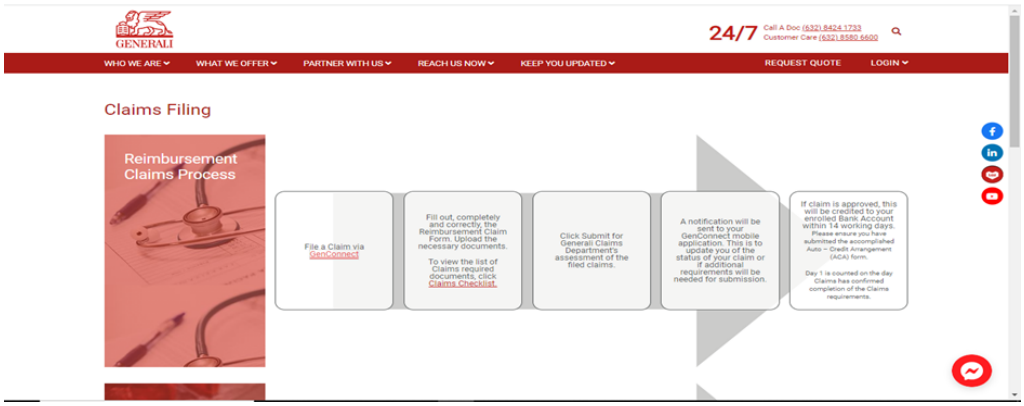
Upon clicking the "GenConnect" text, you will be **redirected to the Digital Platforms GenConnect webpage** tab guide on how to download the app.



Click **“Google Play” for Android users** and **“Appstore” for iOS users to download the GenConnect app**.



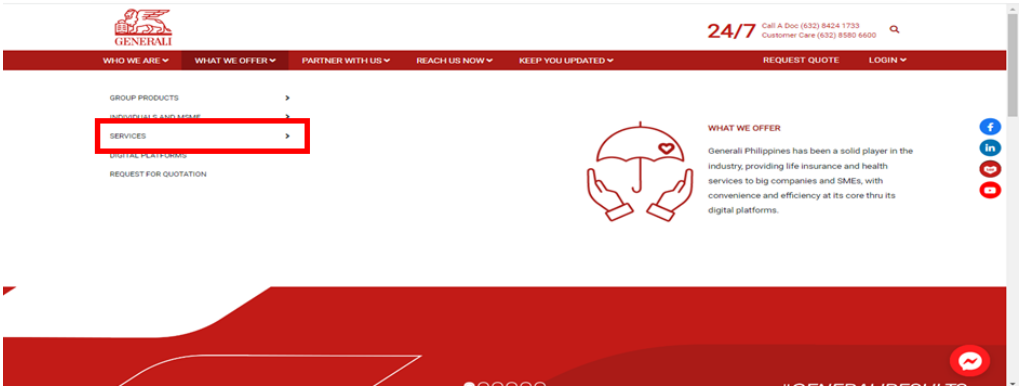
Click **“Claims Checklist”** text to **view the list of requirements**.



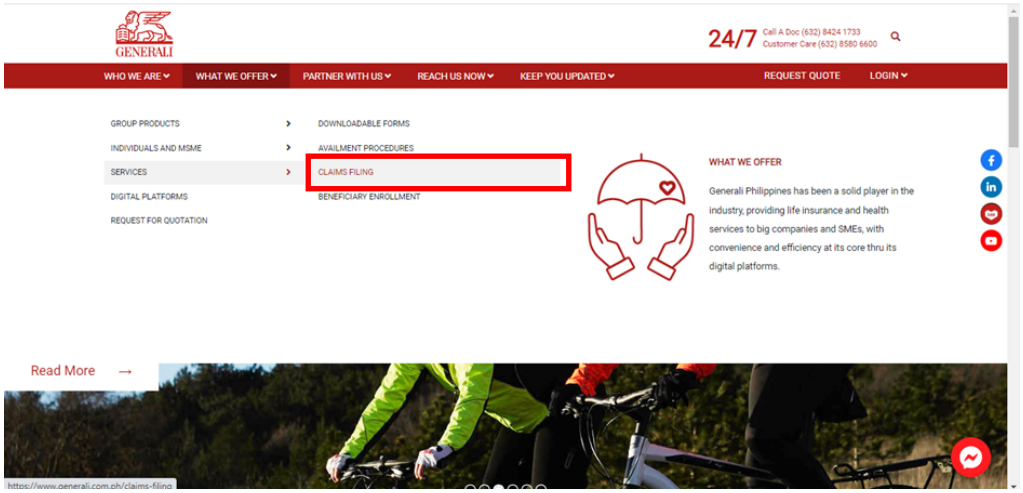
02 How to File a Life Claim

On the Generali website **https://www.generali.com.ph/**, hover on **“WHAT WE OFFER”**

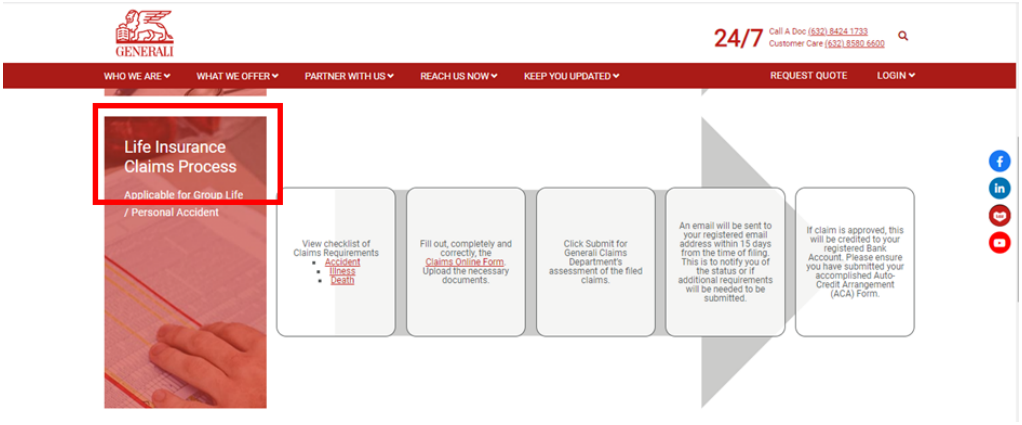
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



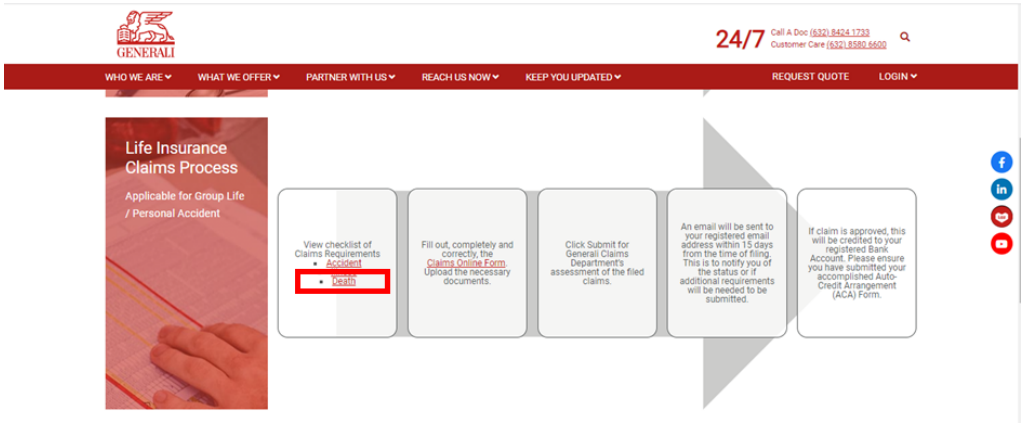
Click **“CLAIMS FILING”** upon hovering on **“SERVICES"**.



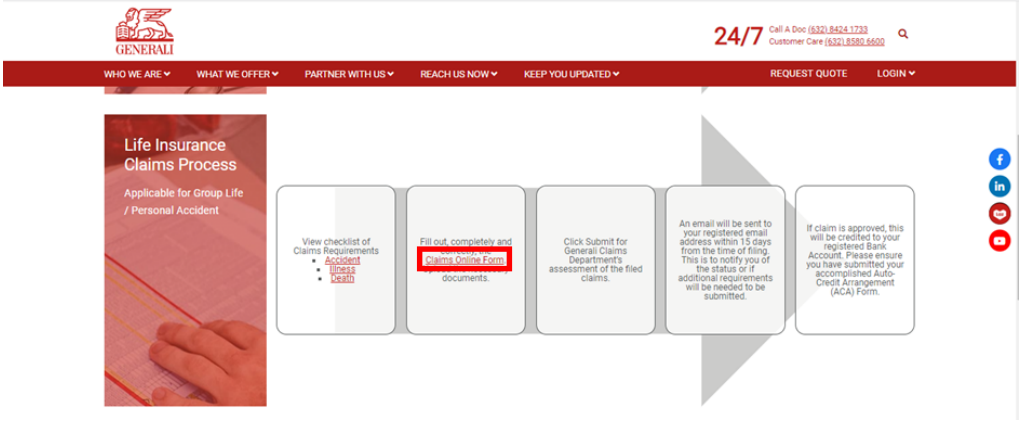
Scroll to **"LIFE INSURANCE CLAIMS PROCESS"**



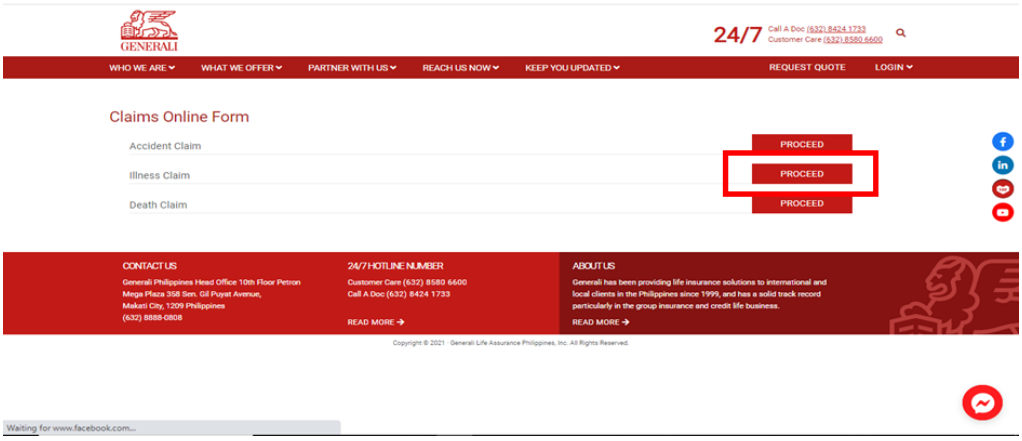
On **"LIFE INSURANCE CLAIMS PROCESS"**, click **"DEATH"** to **preview, print, and download the Death Claim Requirements** in PDF format.



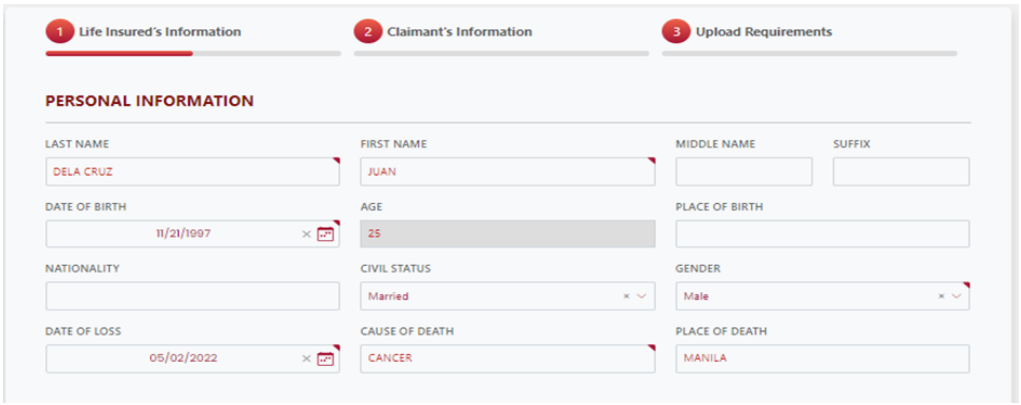
Still on **"LIFE INSURANCE CLAIMS PROCESS"**, click **"CLAIMS ONLINE FORM"**



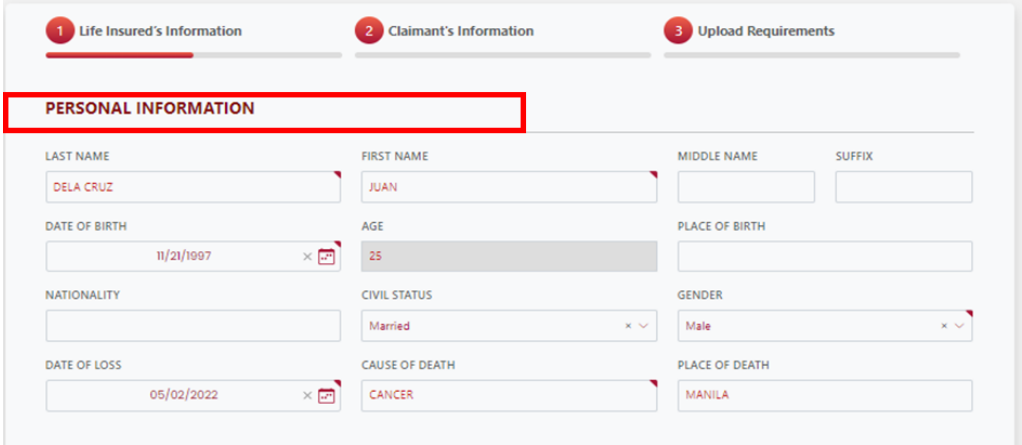
Upon clicking on **“CLAIMS ONLINE FORM”**, click **“PROCEED” under Death** to file Death Claim.



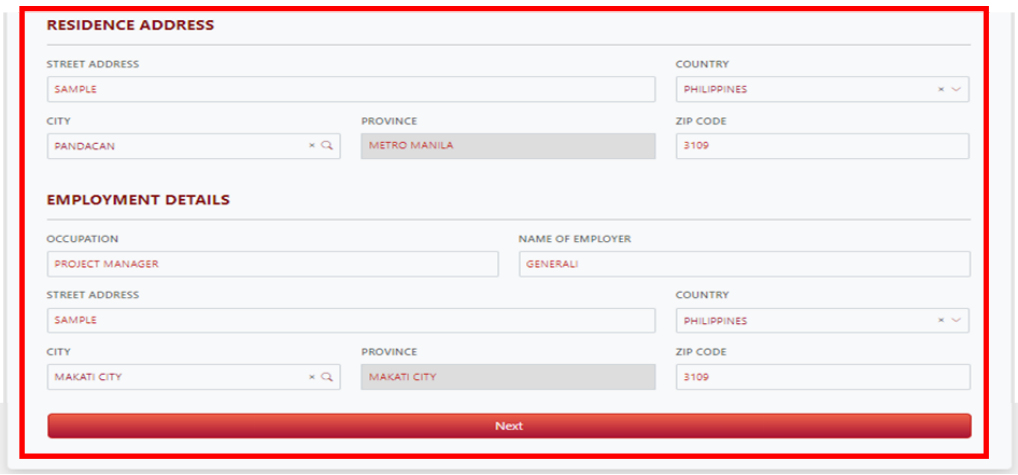
Upon clicking on **“PROCEED”** under Death, you will be **redirected to the Death Claims Online Form.**



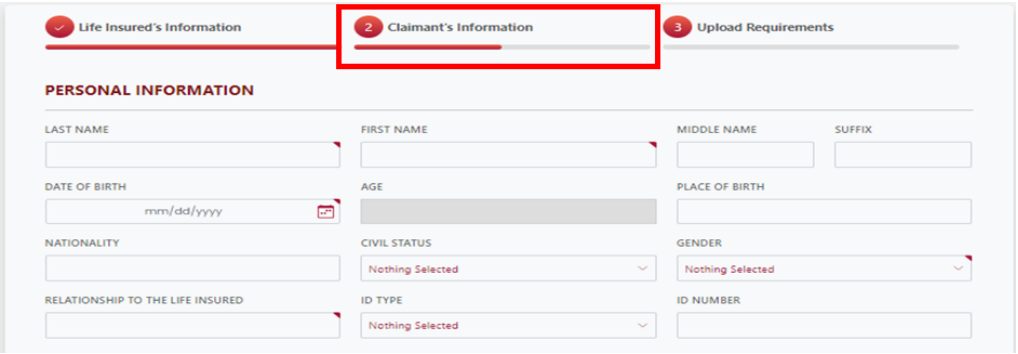
Under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under **“PERSONAL INFORMATION”**.



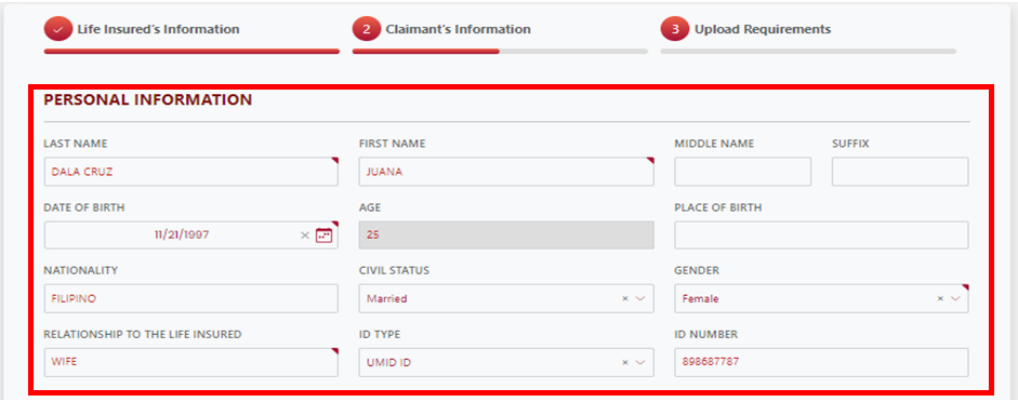
Still under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under **RESIDENCE ADDRESS** and **EMPLOYMENT DETAILS** and **click “NEXT”**



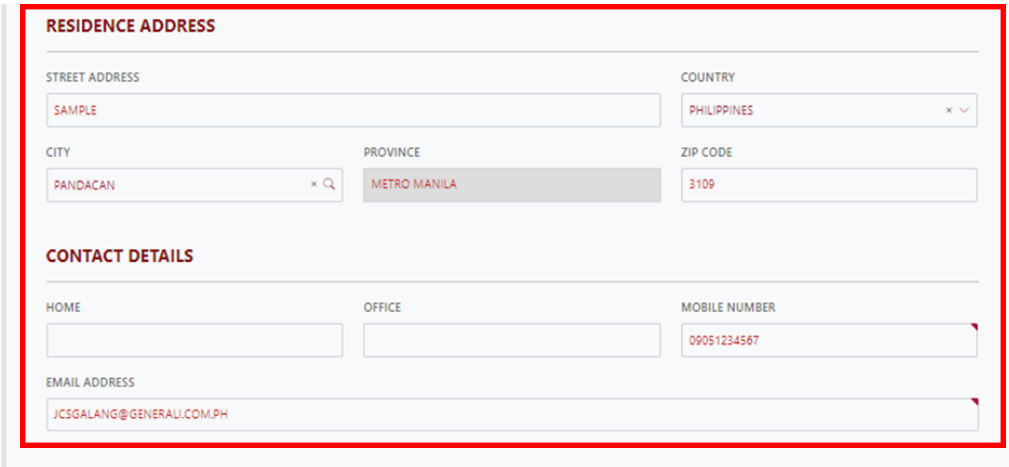
Upon click of **NEXT** you will be **redirected to the next page “CLAIMANT’S INFORMATION”**.



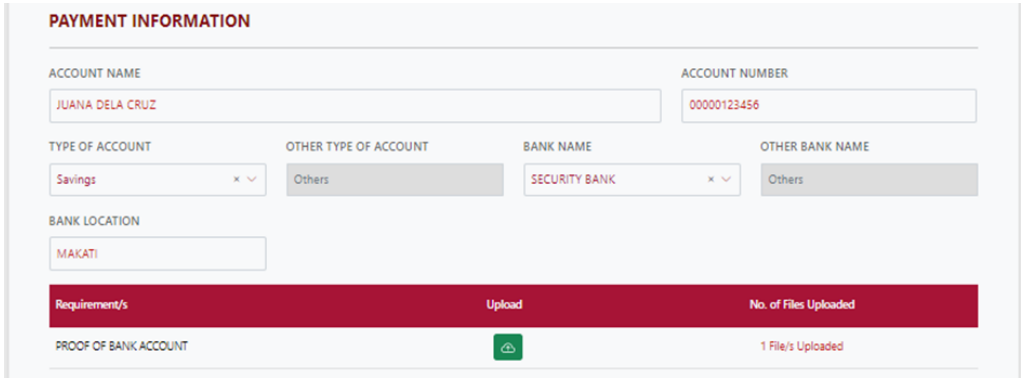
Still under **“CLAIMANTS INFORMATION”**, **fill out the needed information** on **“PERSONAL INFORMATION”**



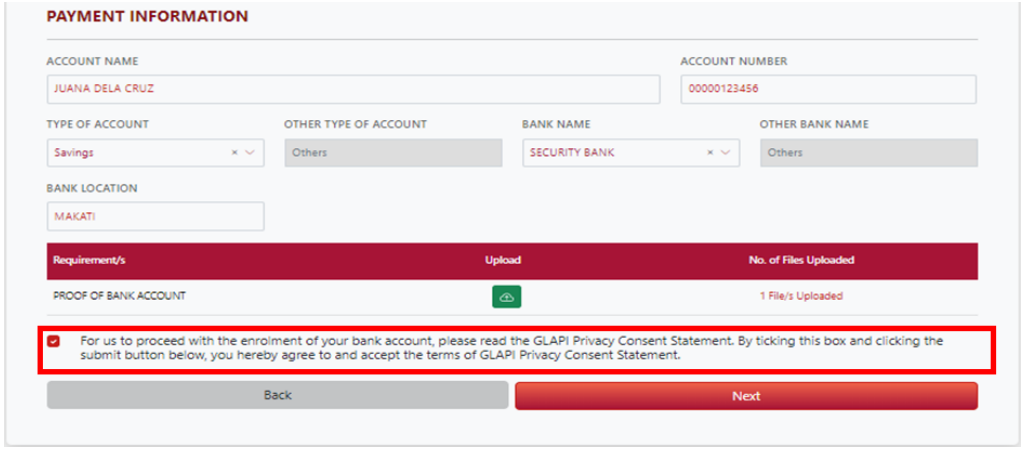
Still under **“CLAIMANTS INFORMATION”**, **fill up the needed information** on **RESIDENCE ADDRESS** and **CONTACT DETAILS**.



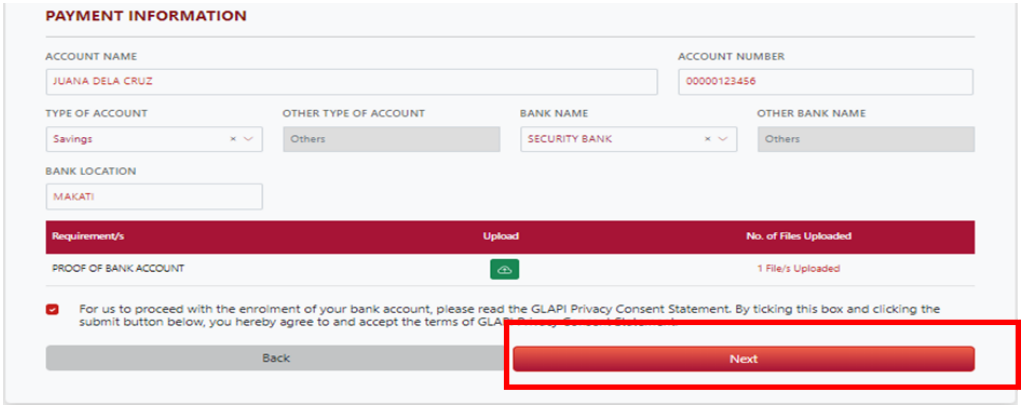
On **PAYMENT INFORMATION**, **fill out the needed information** and **upload the PROOF OF BANK ACCOUNT**



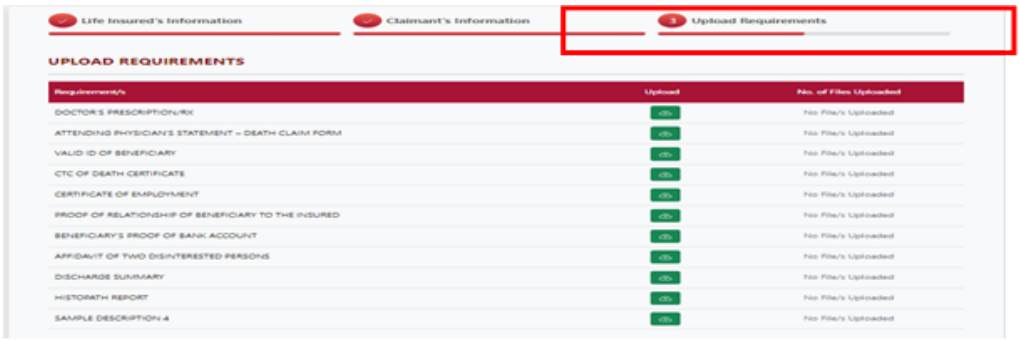
Click the **TICK BOX if you agree and accept the terms of GLAPI Privacy Consent Statement**.



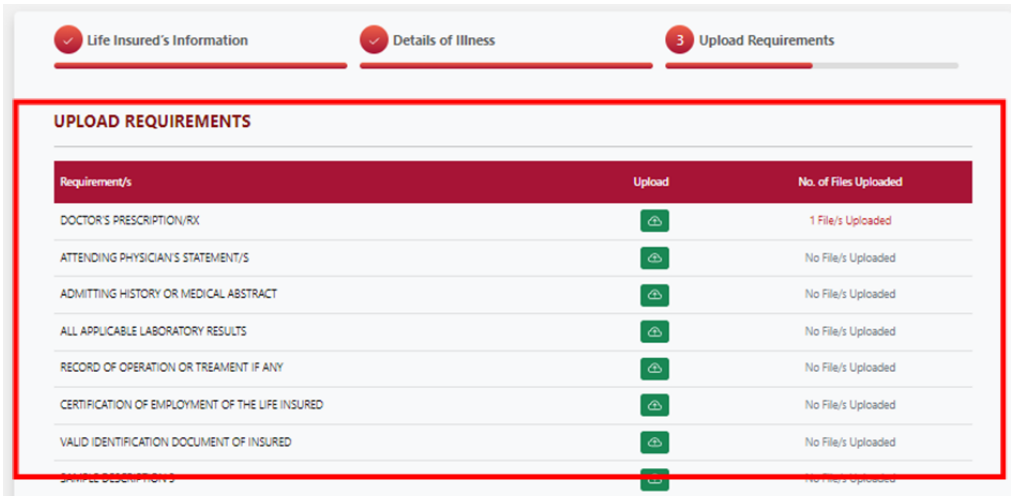
Click **“NEXT” if all needed information under LIFE INSURED’S INFORMATION have been filled out**.



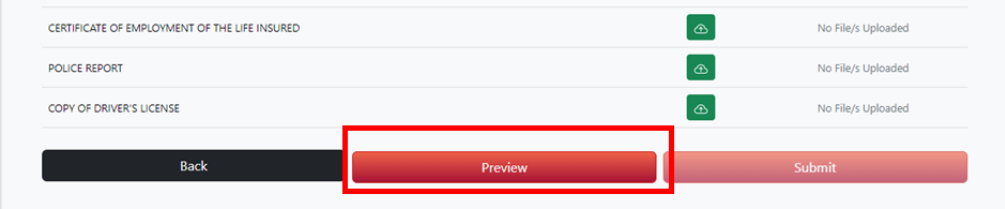
Upon clicking **NEXT** you will be **redirected on the next page “UPLOAD REQUIREMENTS”**



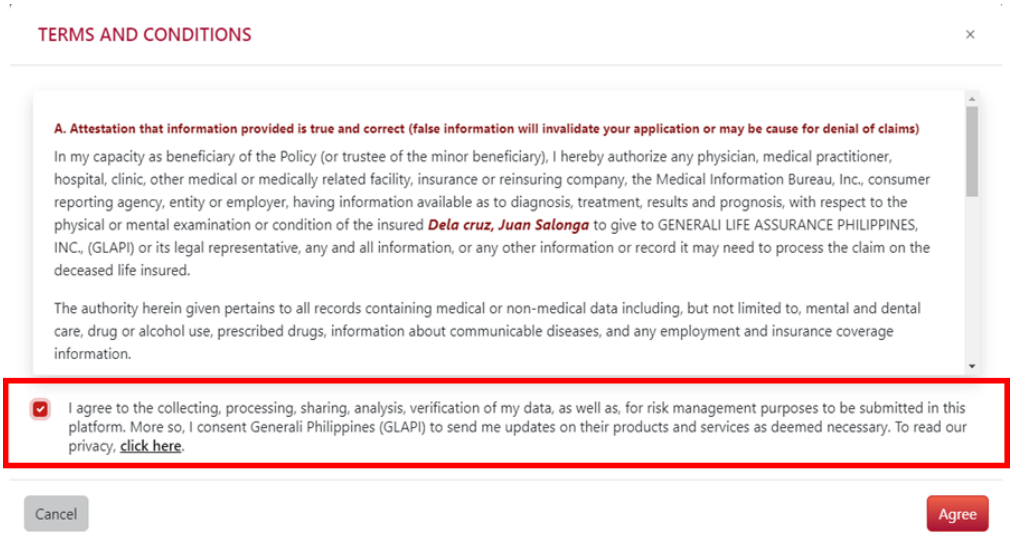
Under **“UPLOAD REQUIREMENTS”** page, **upload all necessary documents that will support your claim**.



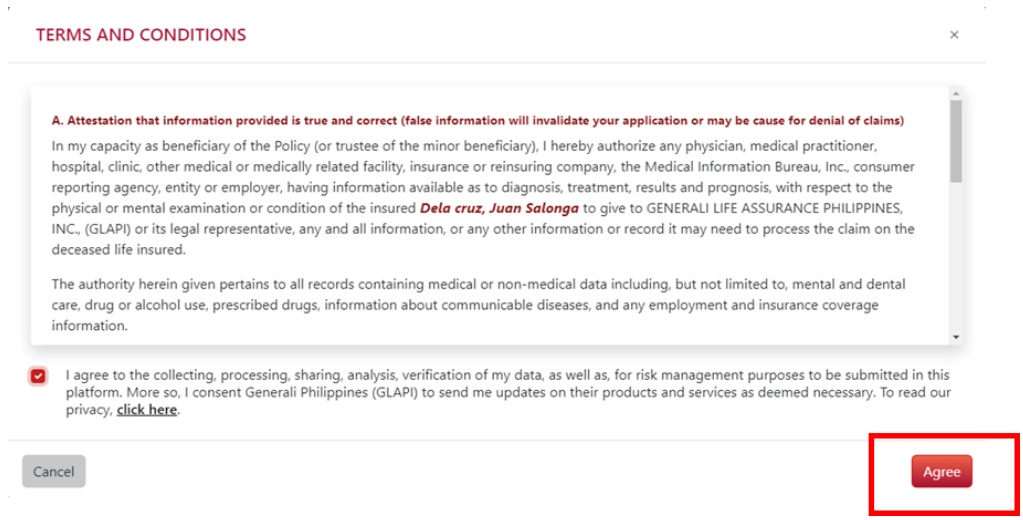
Click **“PREVIEW”** to **preview, print and download** the PDF form.



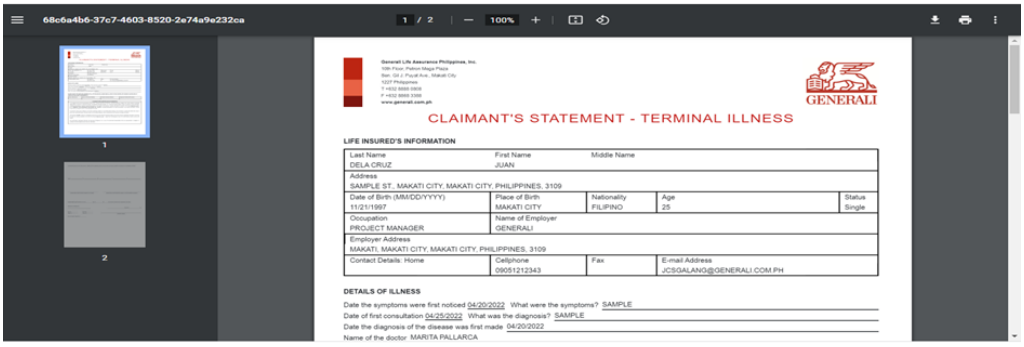
Upon clicking **“PREVIEW”**, **TERMS AND CONDITION page will appear**. Under **“TERMS AND CONDITIONS”** page, **click the tick box if you agree on the TERMS AND CONDITIONS**



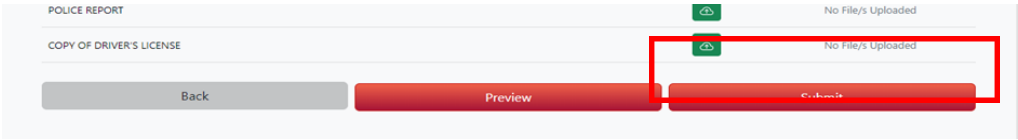
Click **“AGREE”** to **preview, print and download** the PDF form



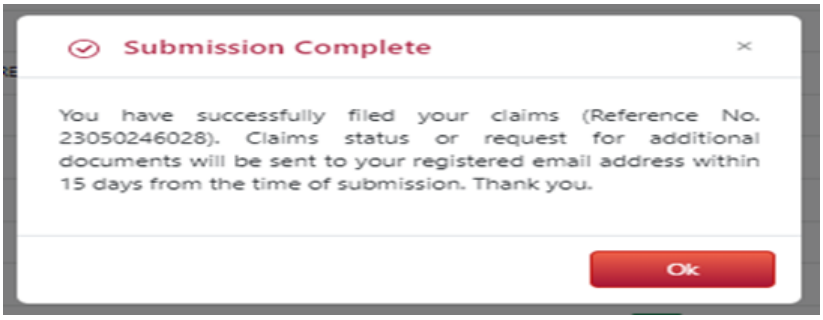
Upon clicking the **AGREE**, the **PDF form will open on the new tab and available for preview, print and download**.



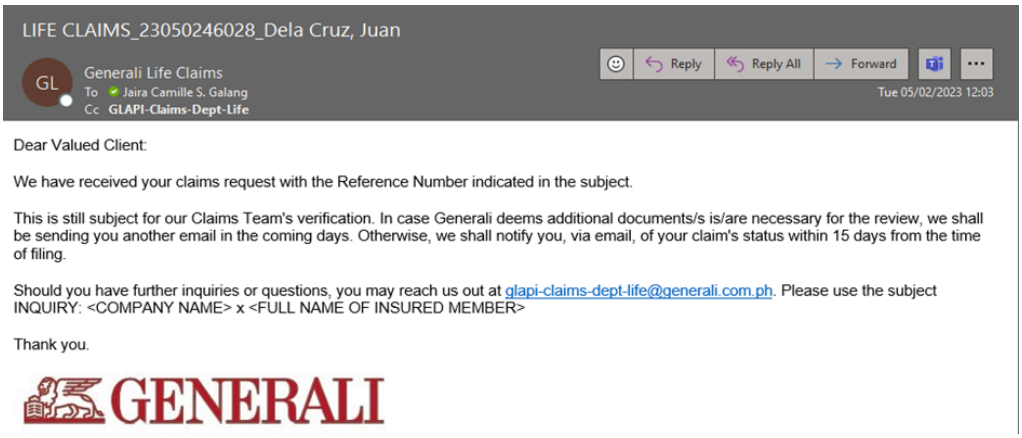
After reviewing the information on the PDF, click **"SUBMIT"**



Upon clicking **SUBMIT**, the **"SUBMISSION COMPLETE" window that contains your Reference No. will be displayed to notify that your claim was successfully submitted**.



Upon successful submission of claim, you will **receive an email confirmation at the email address you have provided** on the online form.


LIFE CLAIMS_23050246028_Dela Cruz, Juan

GL Generali Life Claims
To Jaira Camille S. Galang
Cc GLAPI-Claims-Dept-Life

Reply | Reply All | Forward

Tue 05/02/2023 12:03

Dear Valued Client:

We have received your claims request with the Reference Number indicated in the subject.

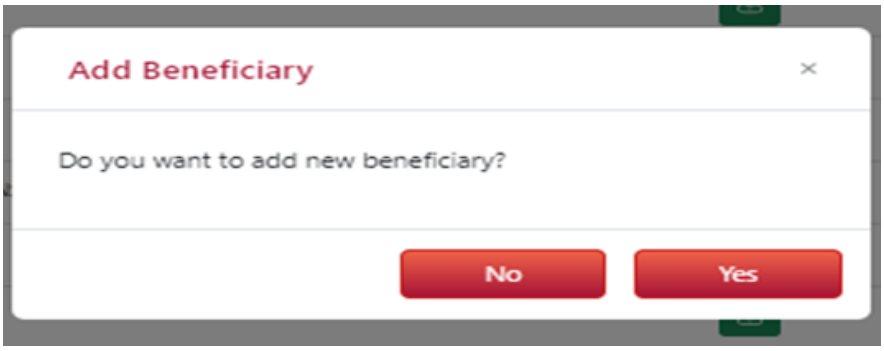
This is still subject for our Claims Team's verification. In case Generali deems additional documents/s is/are necessary for the review, we shall be sending you another email in the coming days. Otherwise, we shall notify you, via email, of your claim's status within 15 days from the time of filing.

Should you have further inquiries or questions, you may reach us out at glapi-claims-dept-life@generali.com.ph. Please use the subject INQUIRY: <COMPANY NAME> x <FULL NAME OF INSURED MEMBER>

Thank you.

GENERALI

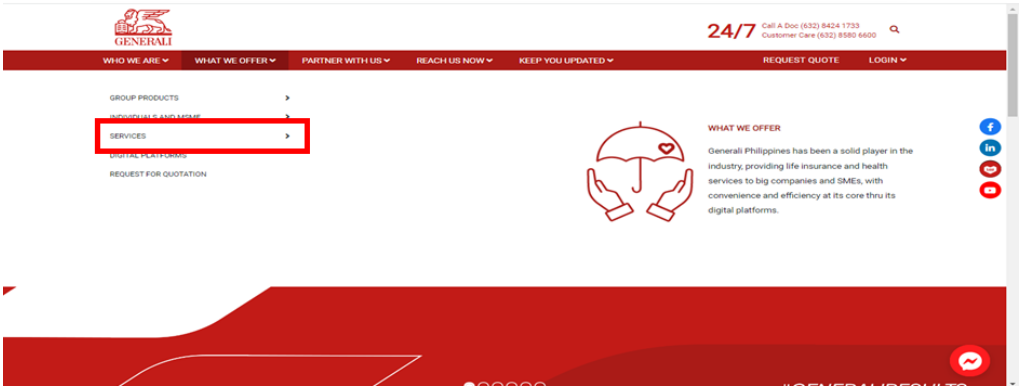
If you would like to file another claim for new Beneficiary, click **"YES".**



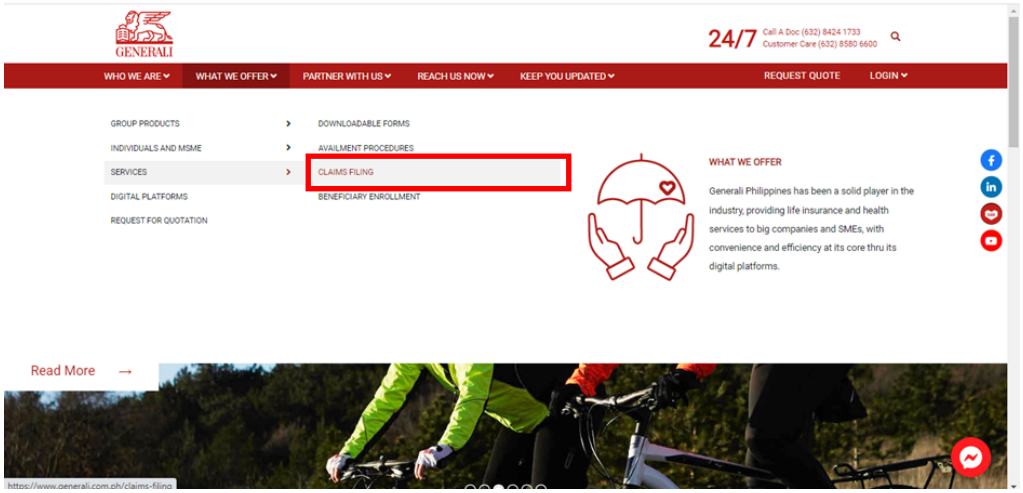
03 How to File a Personal Accident Claim

On the Generali website **https://www.generali.com.ph/**, hover on **“WHAT WE OFFER”**

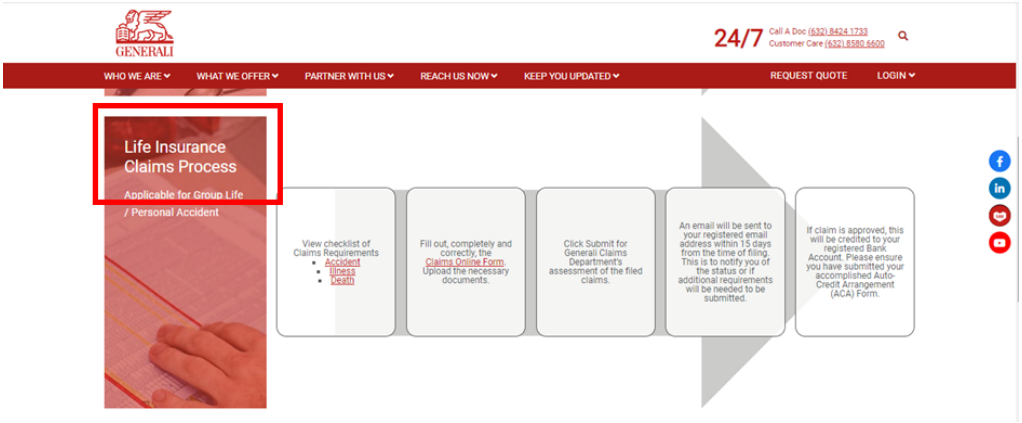
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



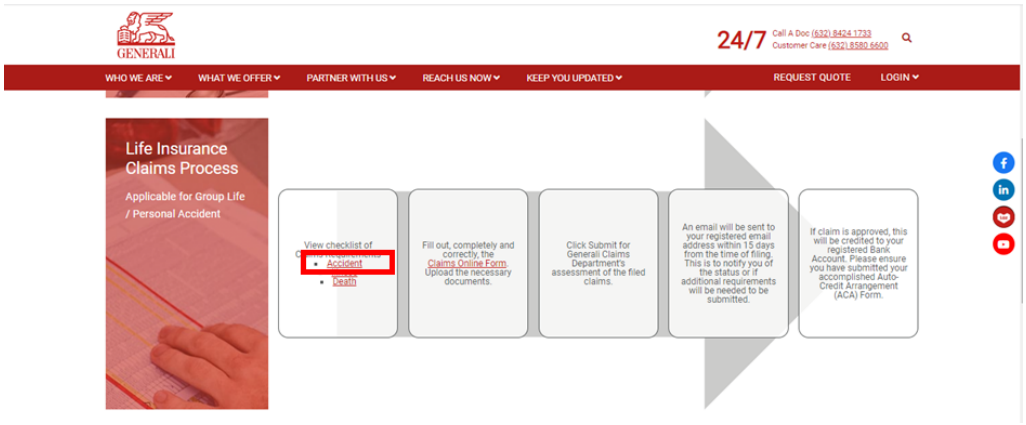
Click **“CLAIMS FILING”** upon hovering on **“SERVICES"**.



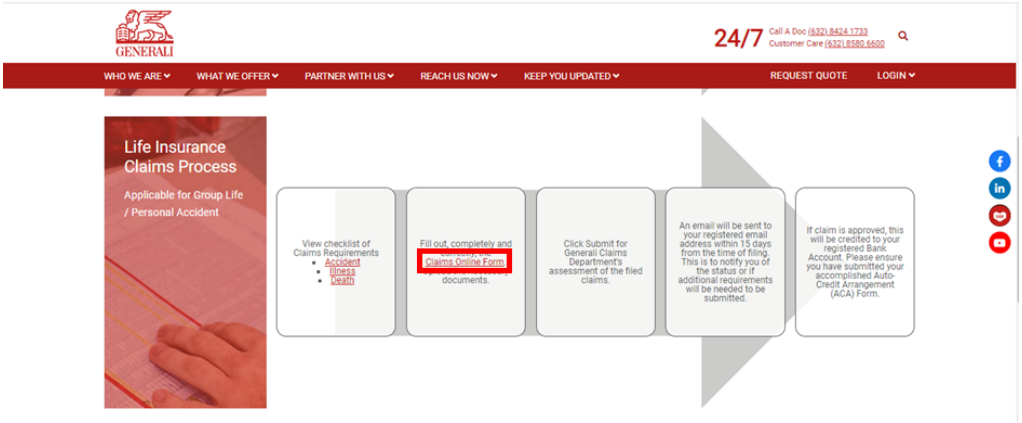
Scroll to **"LIFE INSURANCE CLAIMS PROCESS"**



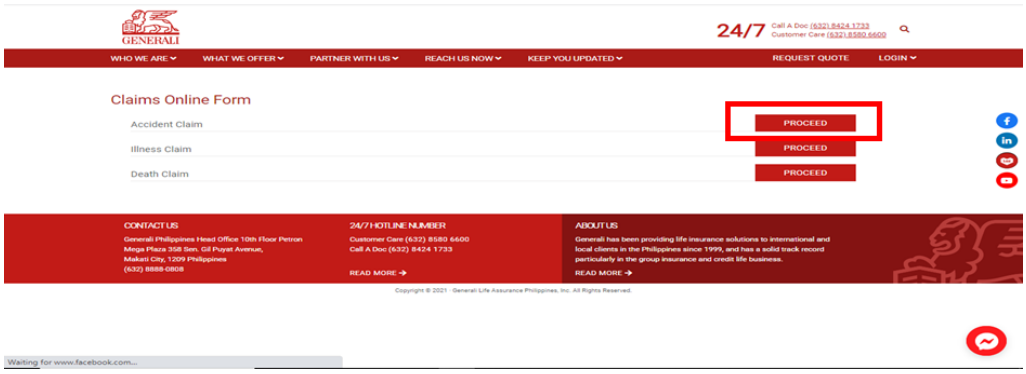
On **"LIFE INSURANCE CLAIMS PROCESS"**, click **"ACCIDENT"** to **preview, print, and download the Accident Claim Requirements** in PDF format.



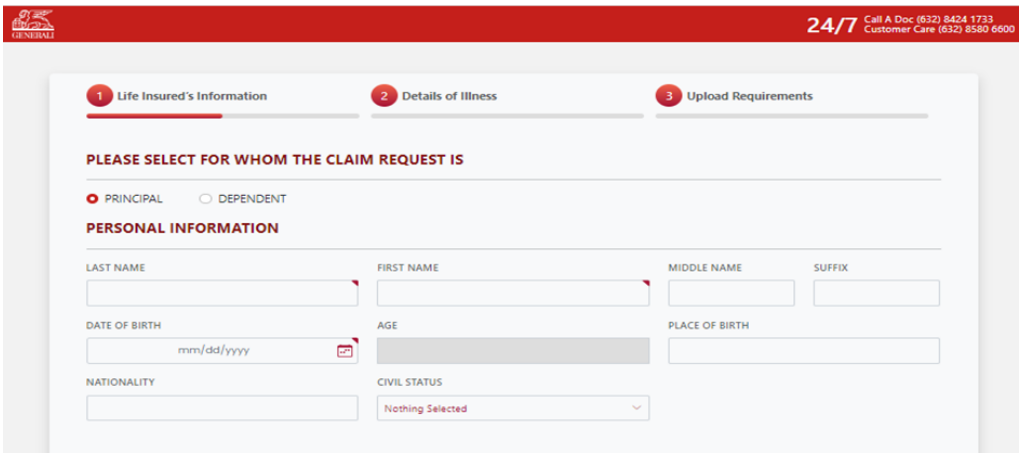
Still on **"LIFE INSURANCE CLAIMS PROCESS"**, click **"CLAIMS ONLINE FORM"**



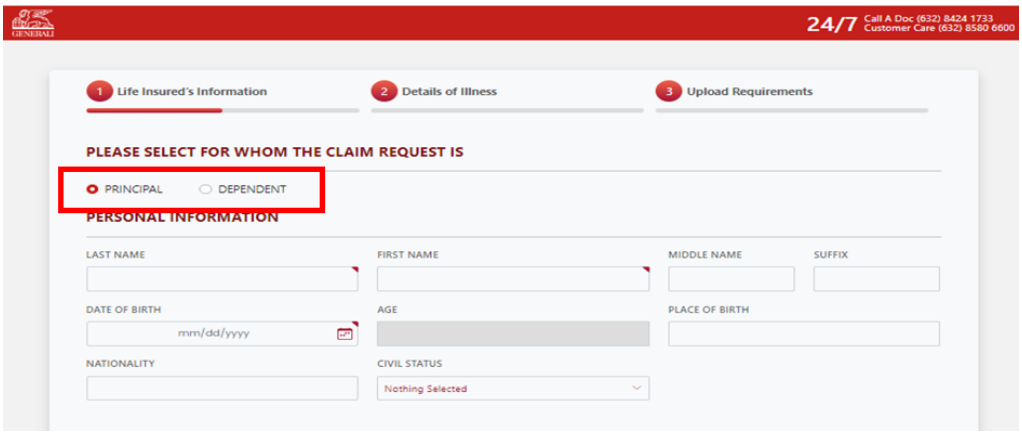
Upon clicking on **“CLAIMS ONLINE FORM”**, click **“PROCEED” under accident** to file Accident Claim.



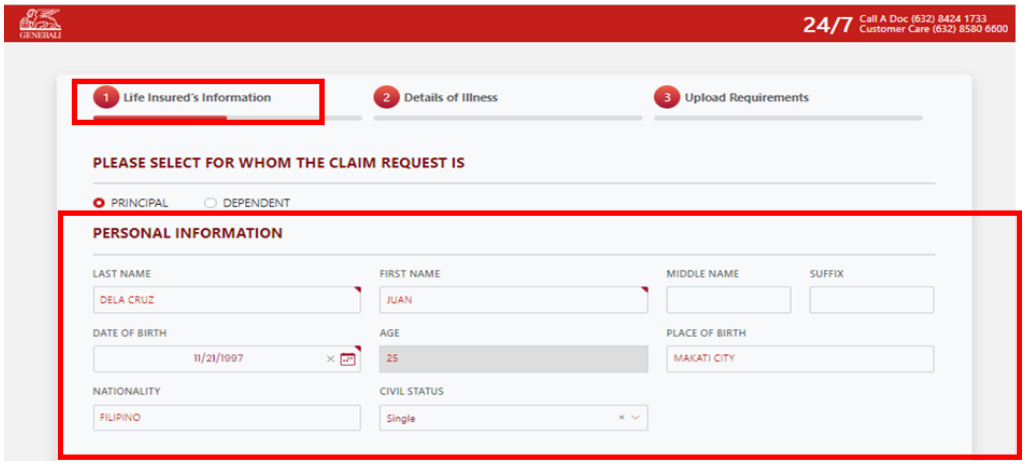
Upon clicking on **“PROCEED” under Accident**, you will be **redirected to the Accident Claims Online Form**



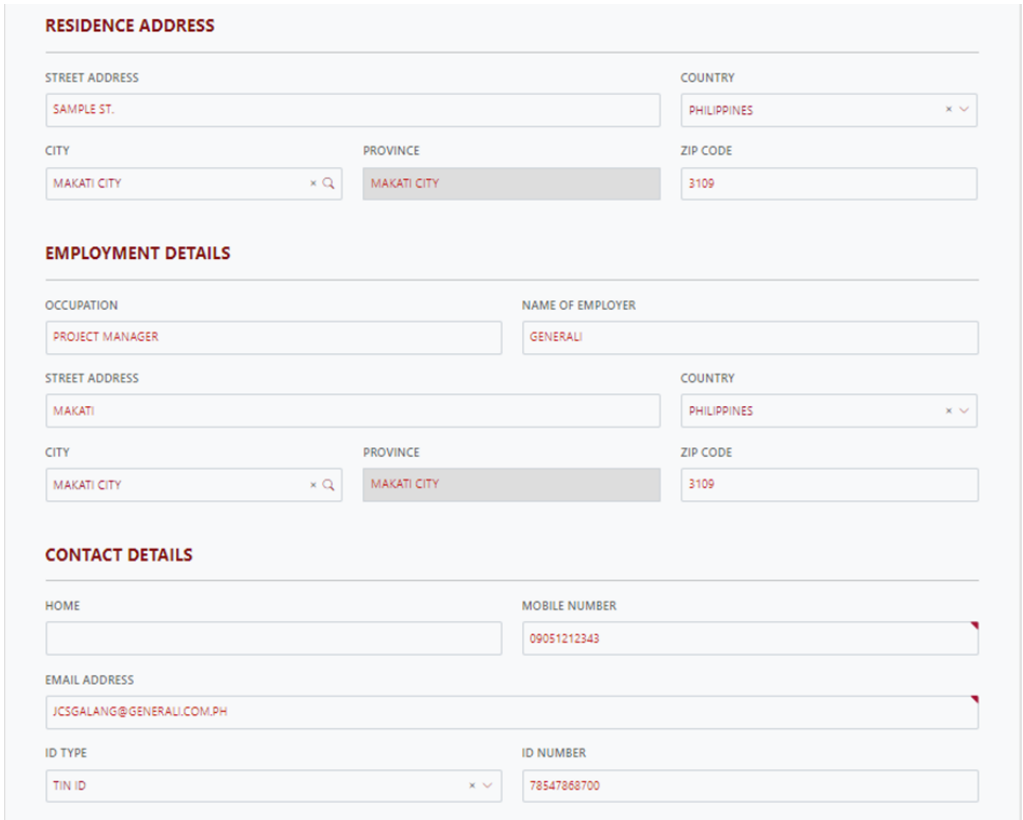
On the Accident Claims Online Form, **select if for “PRINCIPAL” OR “DEPENDENT” the claim request is**.



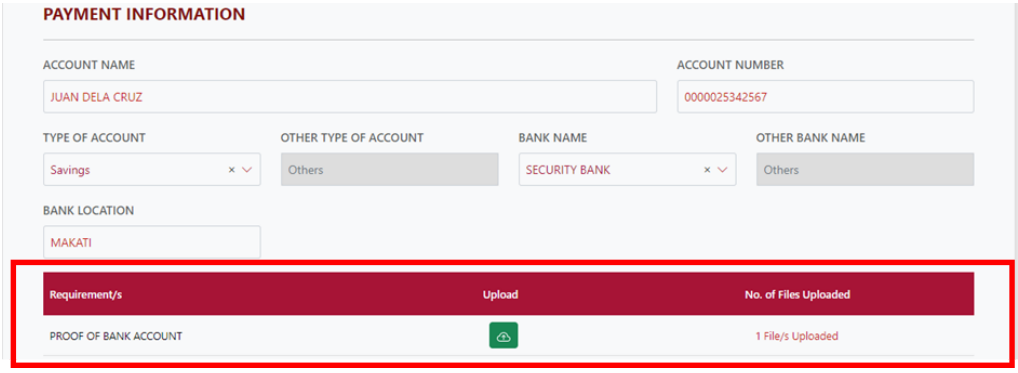
Under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under **“PERSONAL INFORMATION”**.



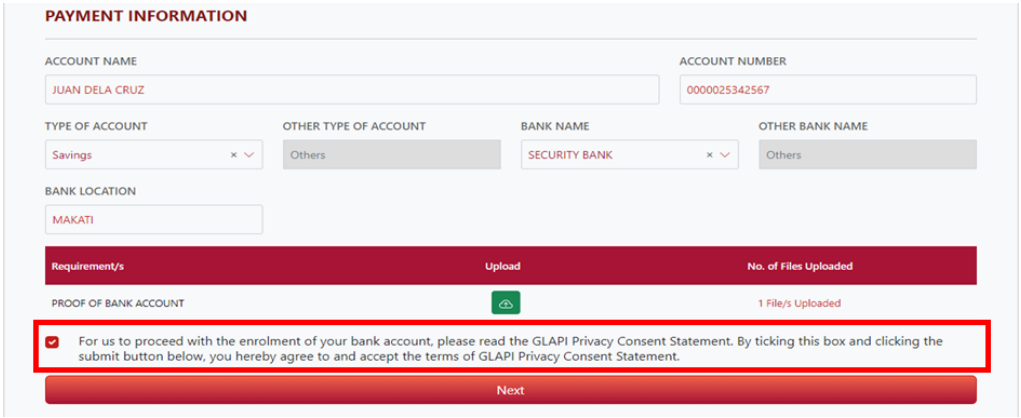
Still under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under **RESIDENCE ADDRESS, EMPLOYMENT DETAILS, CONTACT DETAILS and PAYMENT INFORMATION**.



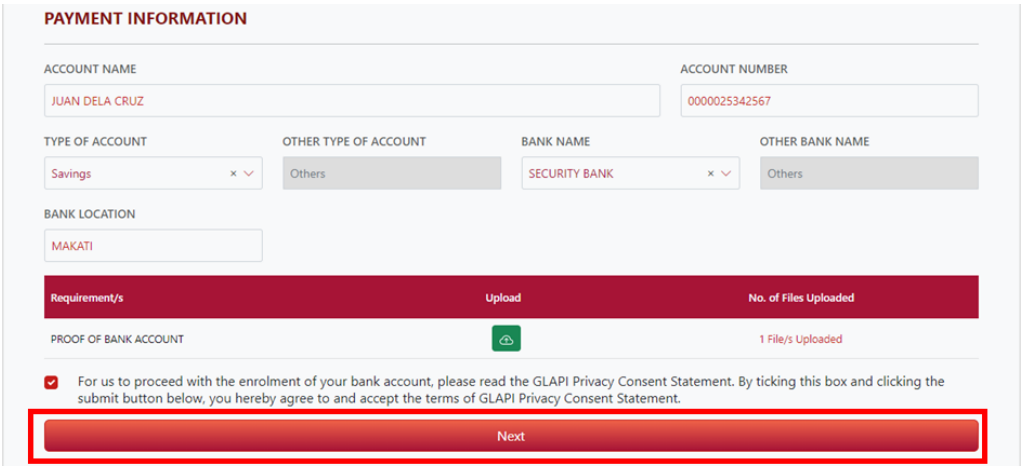
On **PAYMENT INFORMATION**, **upload the PROOF OF BANK ACCOUNT**



Click the **TICK BOX if you agree and accept the terms of GLAPI Privacy Consent Statement**.

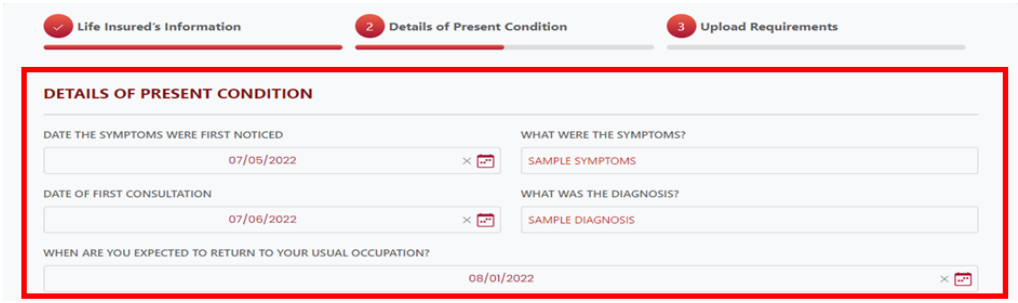


Click **“NEXT” if all needed information under LIFE INSURED’S INFORMATION have been filled out**.

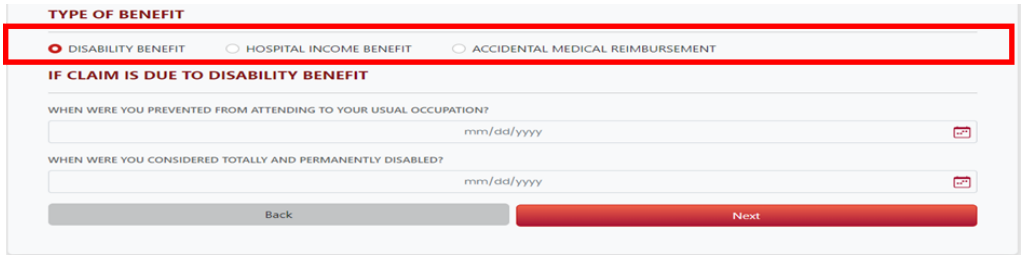


Upon clicking **NEXT** you will be **redirected on the next page for "DETAILS OF PRESENT CONDITION"**.

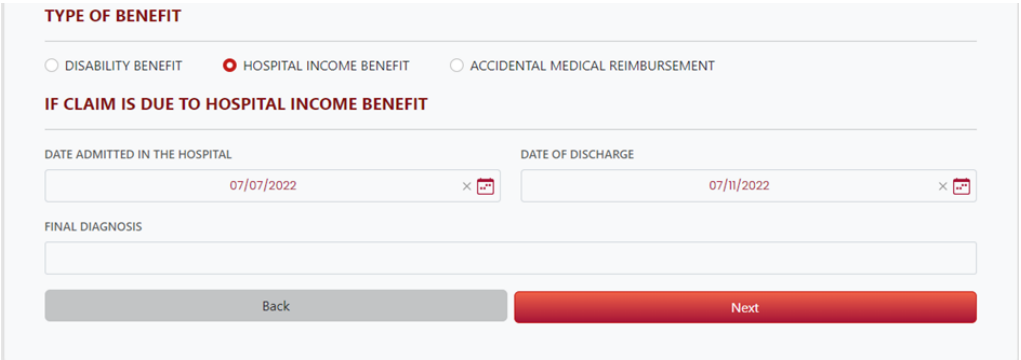
Under **"DETAILS OF PRESENT CONDITION"**, **fill out the needed information** on the fields under "DETAILS OF PRESENT CONDITION"



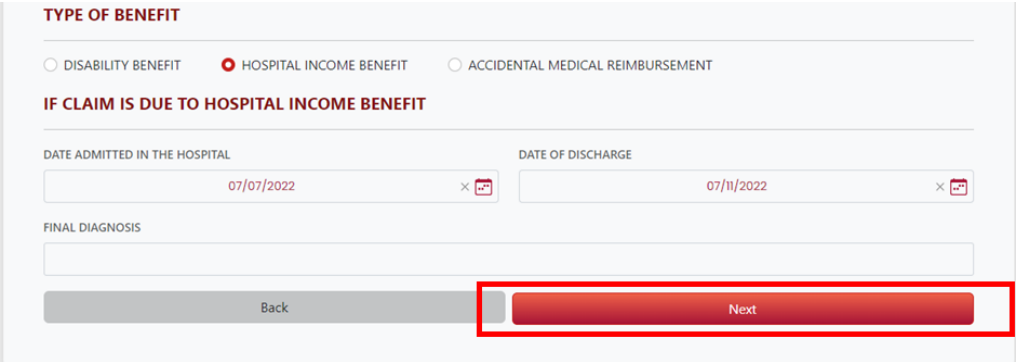
Still under **"DETAILS OF PRESENT CONDITION"**, **choose the "TYPE OF BENEFIT" that you would like to file if DISABILITY BENEFIT, HOSPITAL INCOME BENEFIT, ACCIDENTAL MEDICAL REIMBURSEMENT**.



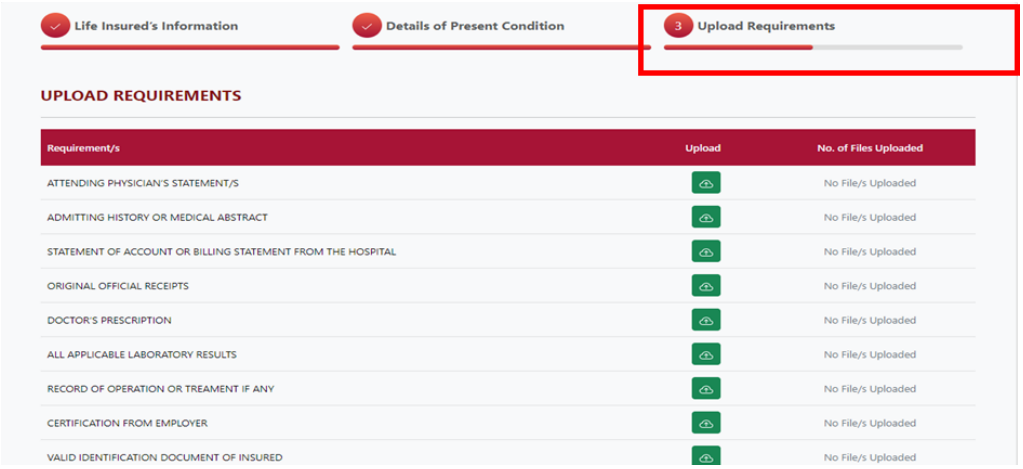
Fill in the needed information for the selected type of benefit.



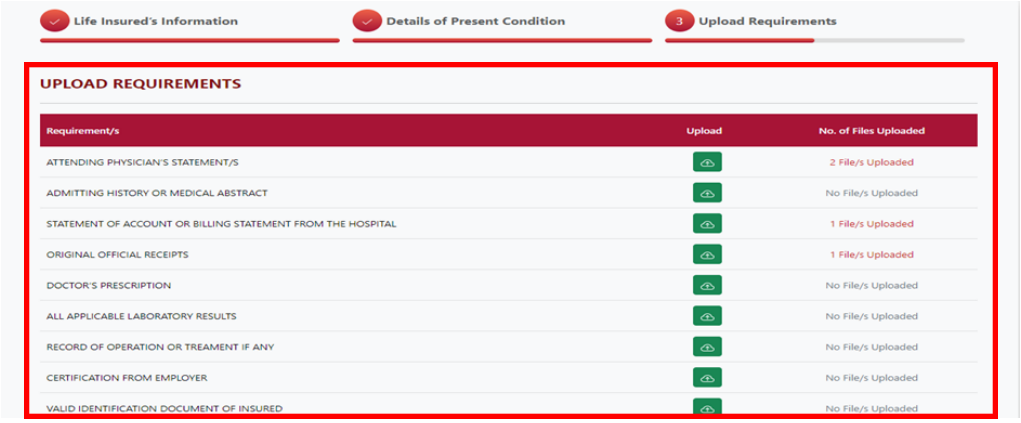
Click **“NEXT” if all needed information was provided**.



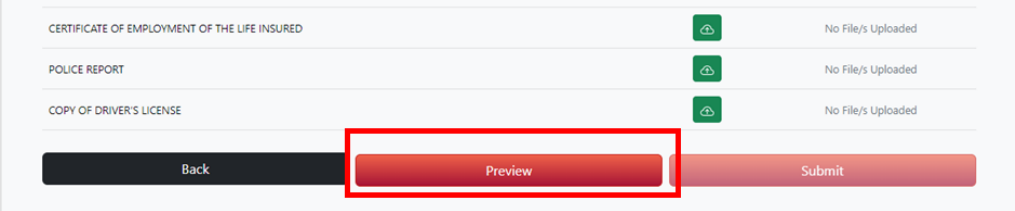
Upon clicking **NEXT** you will be **redirected on the next page “UPLOAD REQUIREMENTS”**



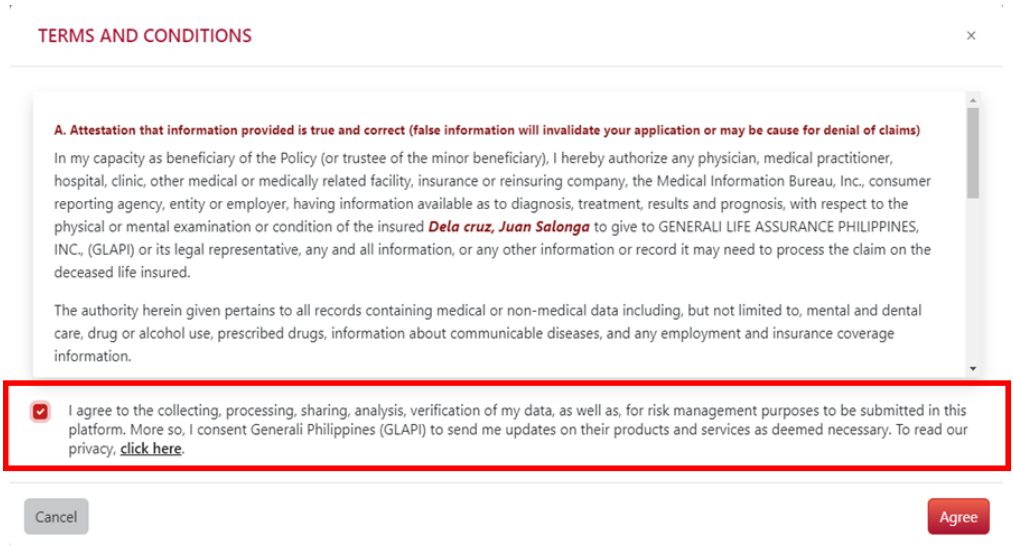
Under **“UPLOAD REQUIREMENTS”** page, **upload the necessary documents that will support your claim**.



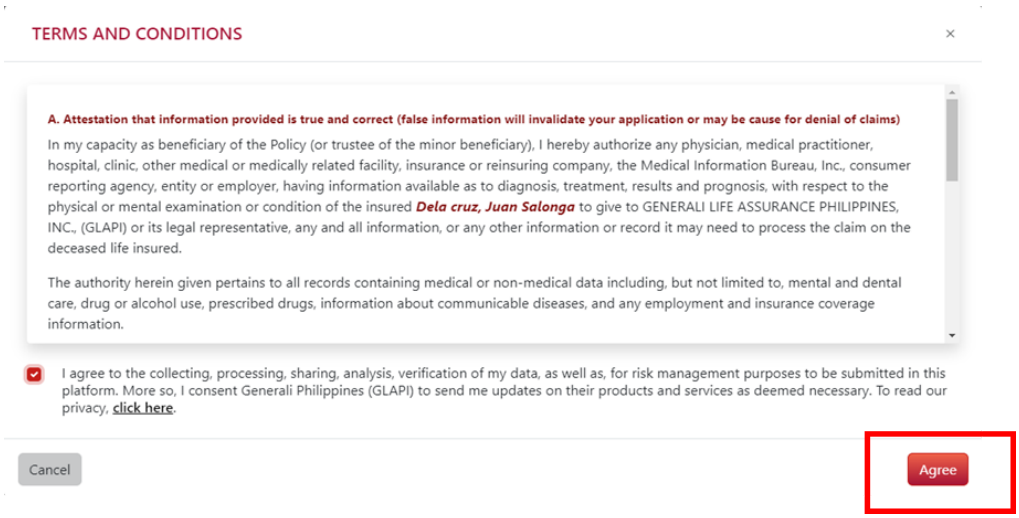
Click **“PREVIEW”** to **preview, print and download** the PDF form.



Upon clicking **“PREVIEW”**, **TERMS AND CONDITIONS page will appear**. Under “TERMS AND CONDITION” page, **click the tick box if you agree on the TERMS AND CONDITIONS**.

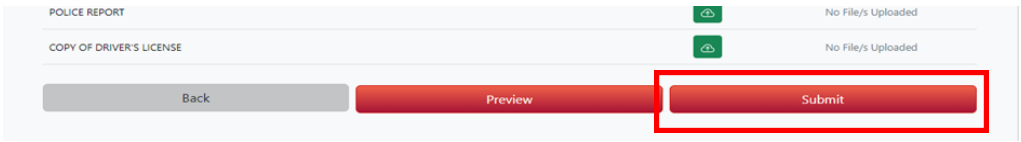


Click **“AGREE”** to **preview, print and download** the PDF form

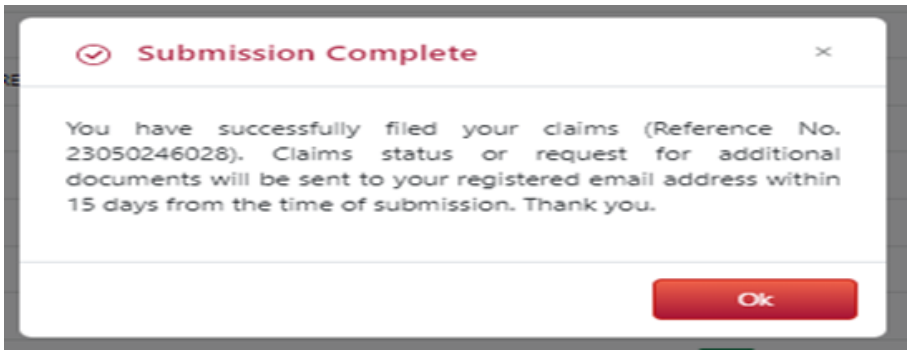


Upon clicking the **AGREE**, the PDF form will open on the new tab and available for preview, print and download.

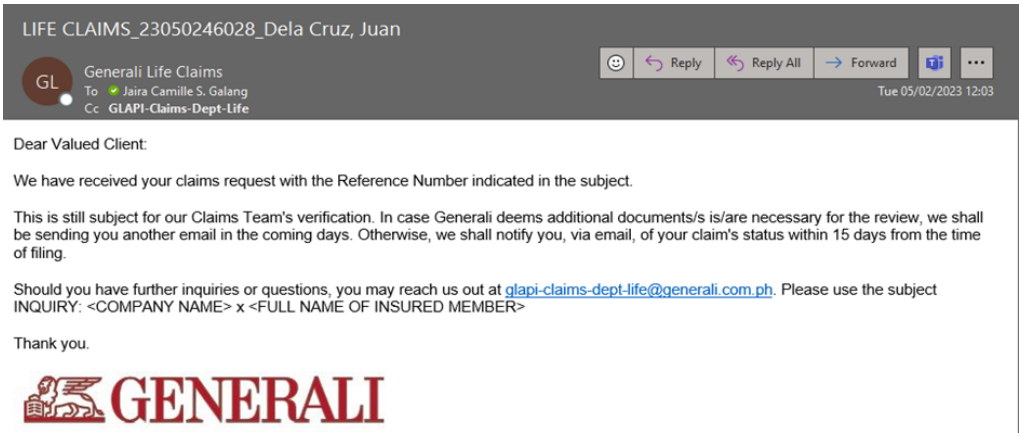
After reviewing the information on the PDF, click **"SUBMIT"**



Upon clicking **SUBMIT**, the **"SUBMISSION COMPLETE" window that contains your Reference No. will be displayed to notify that your claim was successfully submitted**.



Upon successful submission of claim, you will **receive an email confirmation at the email address** you have provided on the online form.



LIFE CLAIMS_23050246028_Dela Cruz, Juan

GL Generali Life Claims
To Jaira Camille S. Galang
Cc GLAPI-Claims-Dept-Life

Reply | Reply All | Forward

Tue 05/02/2023 12:03

Dear Valued Client:

We have received your claims request with the Reference Number indicated in the subject.

This is still subject for our Claims Team's verification. In case Generali deems additional documents/s is/are necessary for the review, we shall be sending you another email in the coming days. Otherwise, we shall notify you, via email, of your claim's status within 15 days from the time of filing.

Should you have further inquiries or questions, you may reach us out at glapi-claims-dept-life@generali.com.ph. Please use the subject INQUIRY: <COMPANY NAME> x <FULL NAME OF INSURED MEMBER>

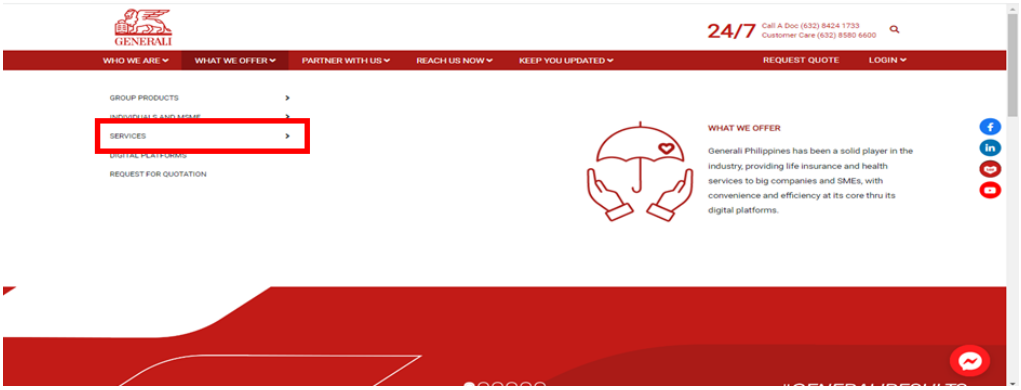
Thank you.

GENERALI

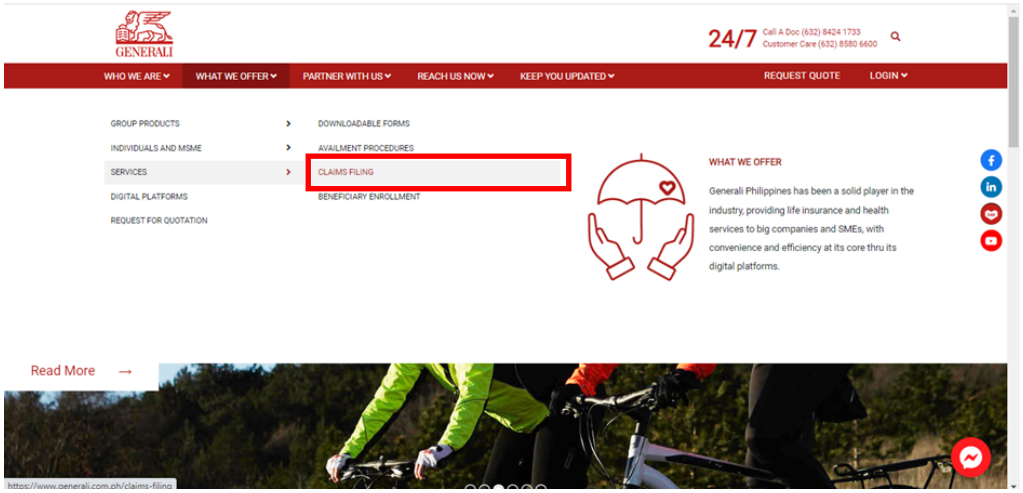
04 How to File a Critical Illness Claim

On the Generali website **https://www.generali.com.ph/**, hover on **“WHAT WE OFFER”**

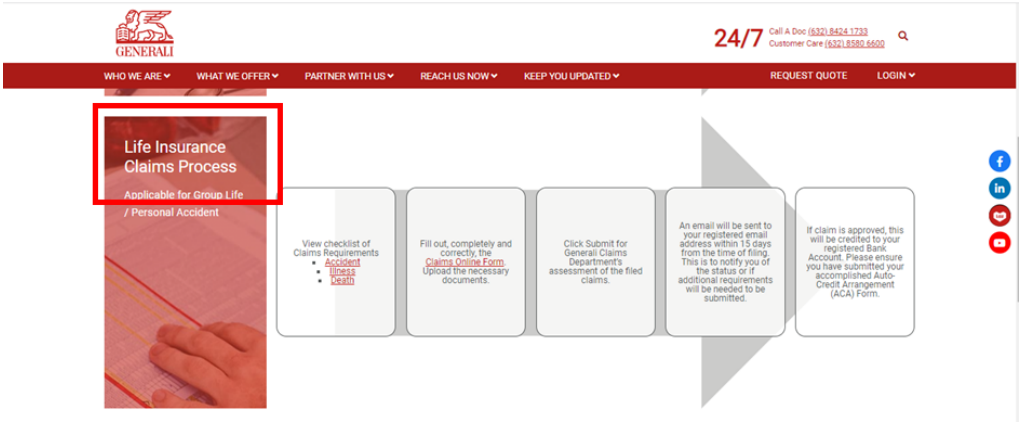
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



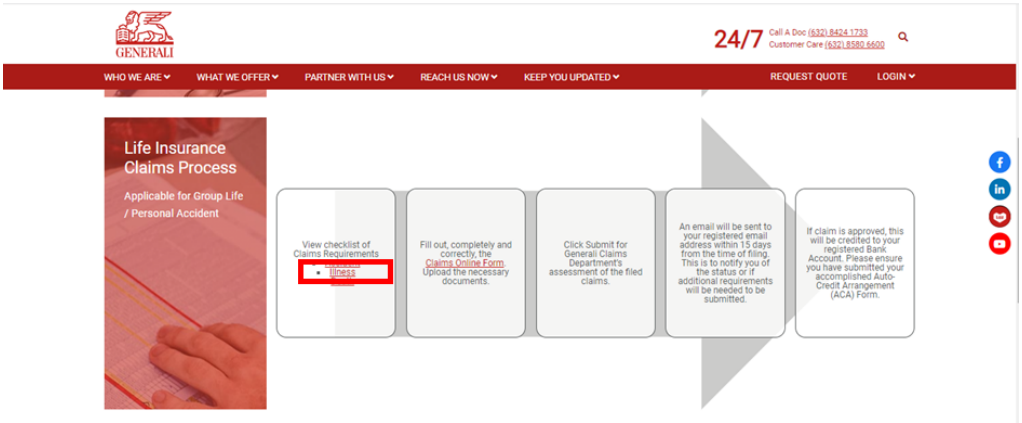
Click **“CLAIMS FILING”** upon hovering on **“SERVICES"**.



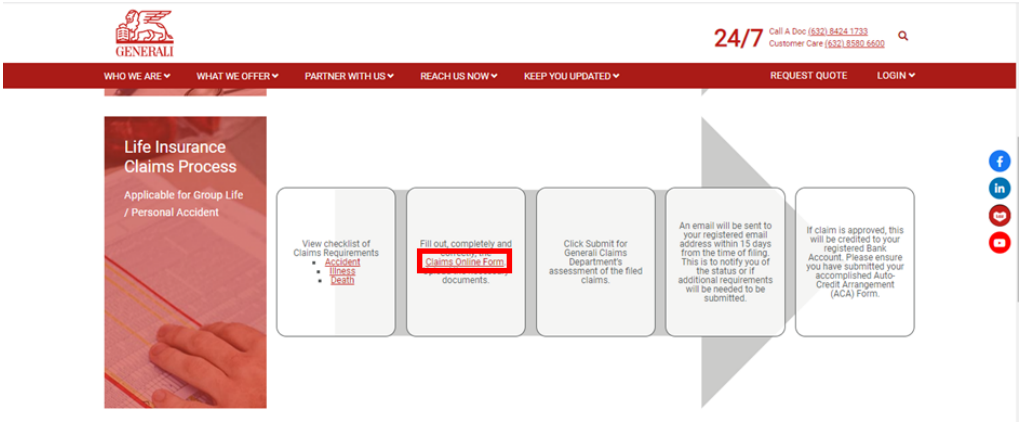
Scroll to **"LIFE INSURANCE CLAIMS PROCESS"**



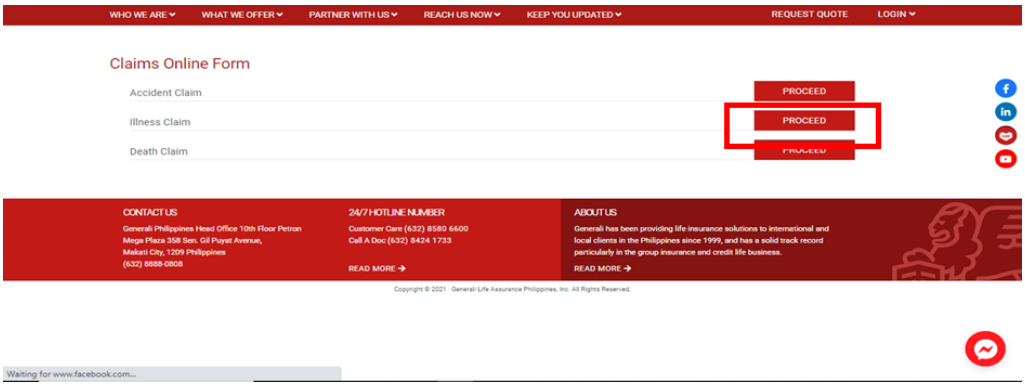
On **"LIFE INSURANCE CLAIMS PROCESS"**, click **"ILLNESS" to preview, print, and download the Illness Claim Requirements** in PDF format.



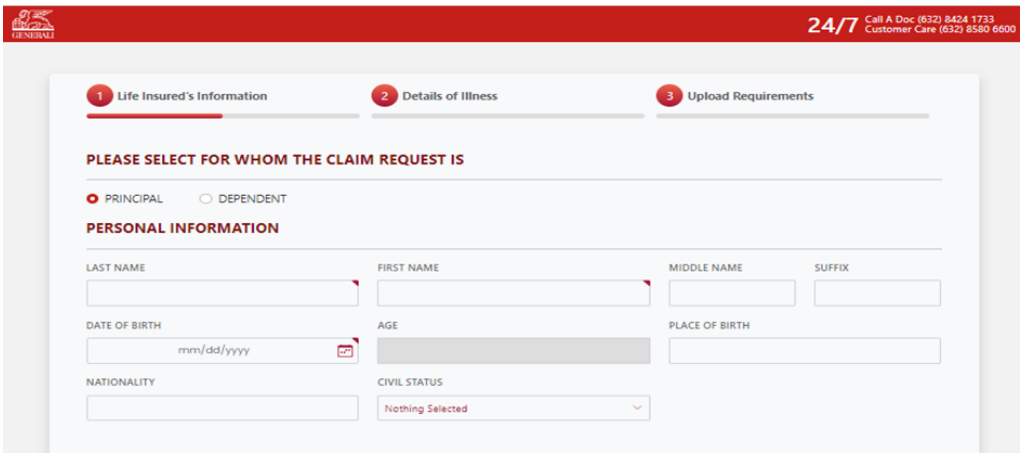
Still on **"LIFE INSURANCE CLAIMS PROCESS"**, click **"CLAIMS ONLINE FORM"**



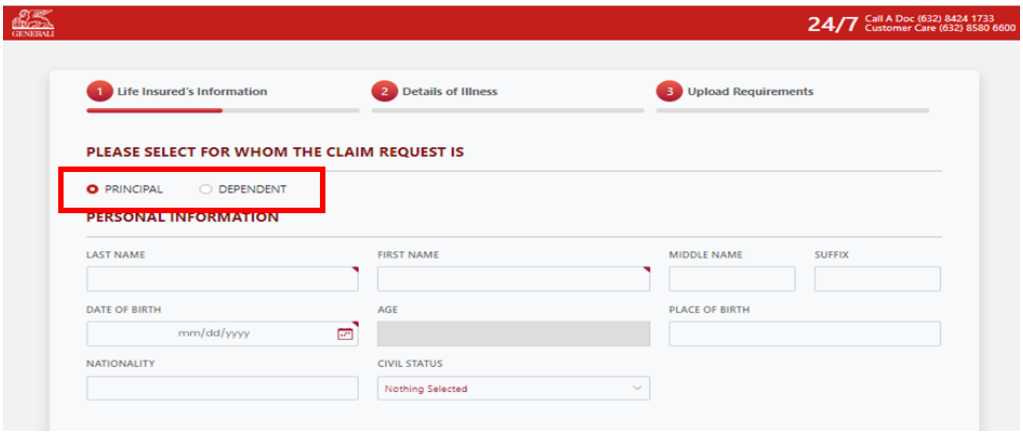
Upon clicking on **“CLAIMS ONLINE FORM”**, click **“PROCEED” under illness to file Illness Claim**.



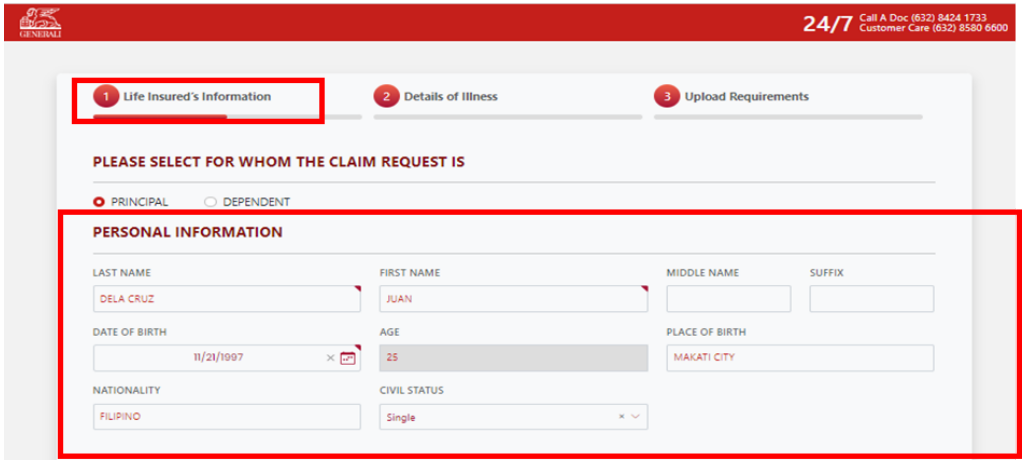
Upon clicking on **“PROCEED”** under Illness, you will be **redirected to the Illness Claims Online Form.**



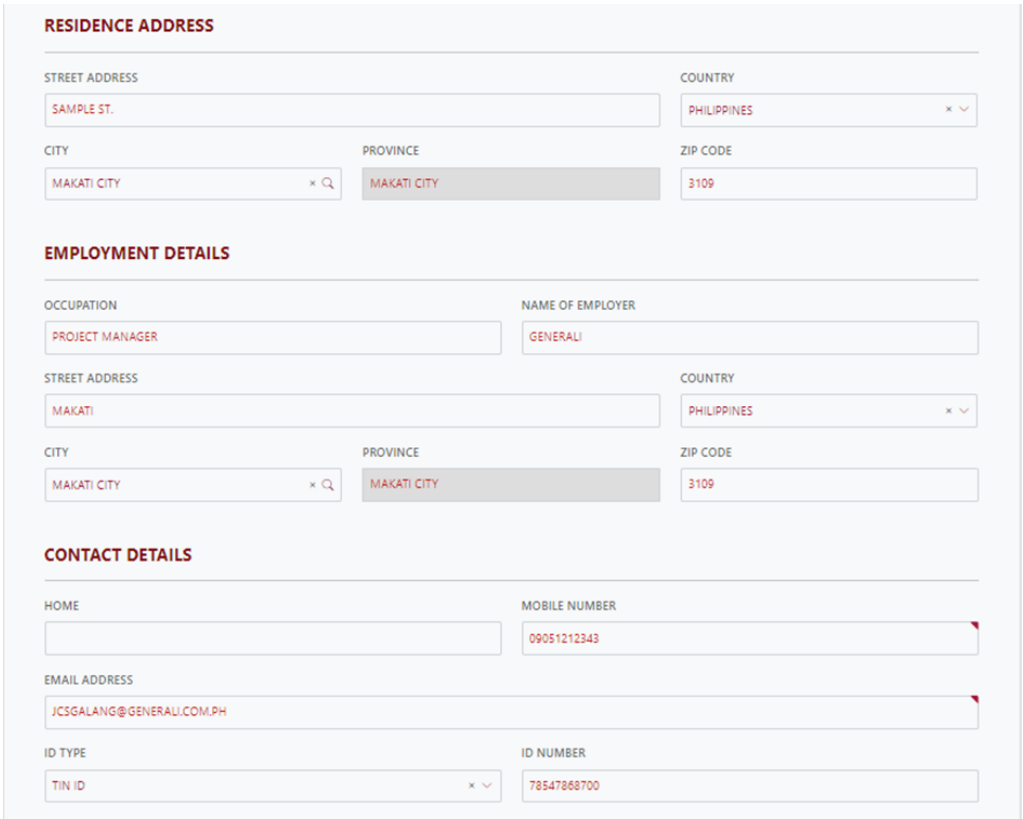
On the Illness Claims Online Form, **select if for “PRINCIPAL” OR “DEPENDENT” the claim request is**.



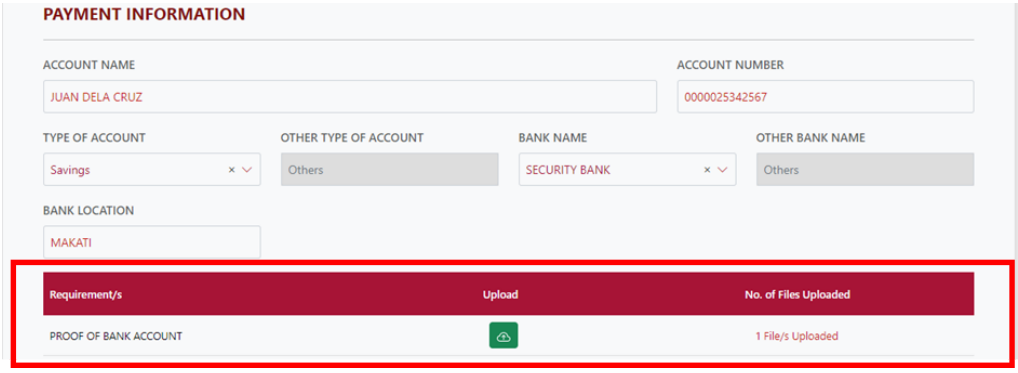
Under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under “PERSONAL INFORMATION”.



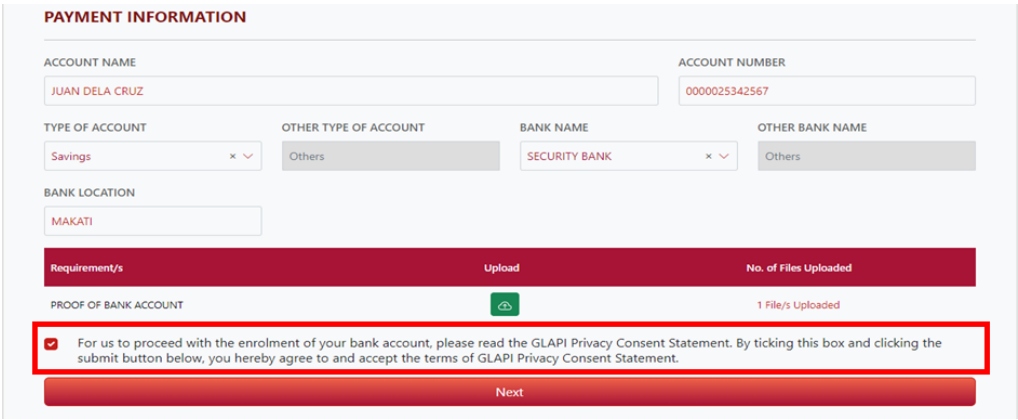
Still under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under **RESIDENCE ADDRESS, EMPLOYMENT DETAILS, CONTACT DETAILS and PAYMENT INFORMATION**.



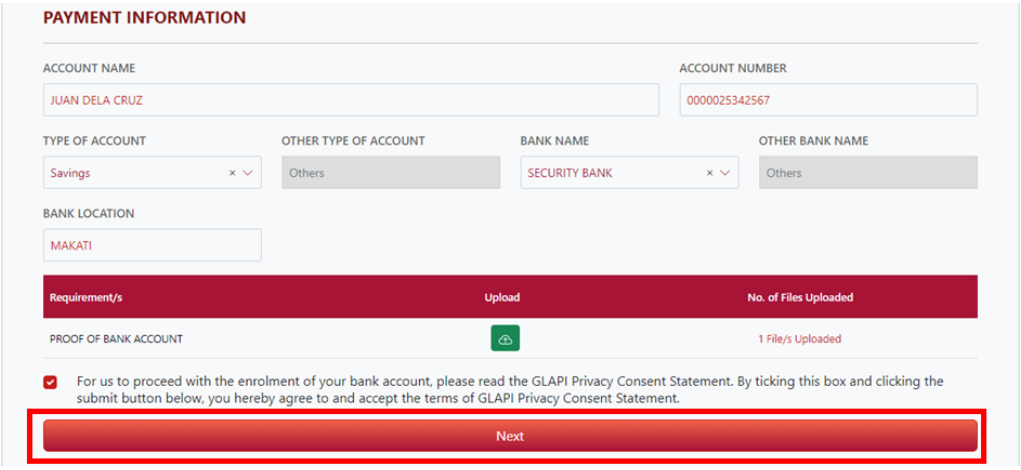
On **PAYMENT INFORMATION**, **upload the PROOF OF BANK ACCOUNT**.



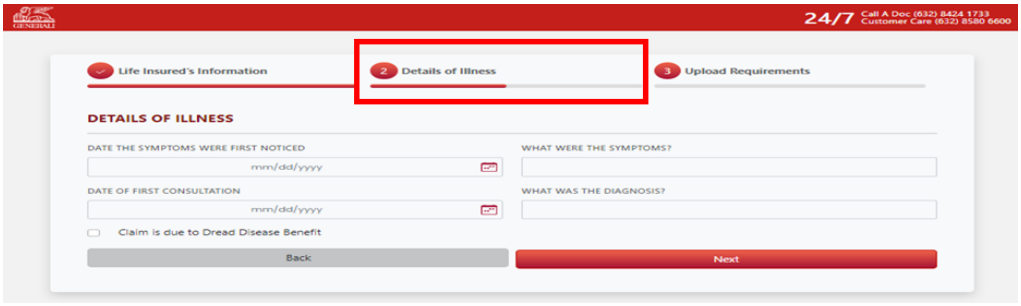
Click the **TICK BOX if you agree and accept the terms of GLAPI Privacy Consent Statement**.



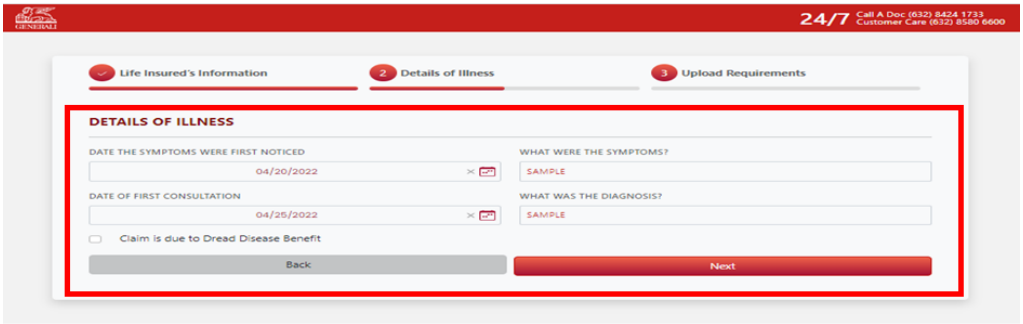
Click **“NEXT” if all needed information under LIFE INSURED’S INFORMATION have been filled out**.



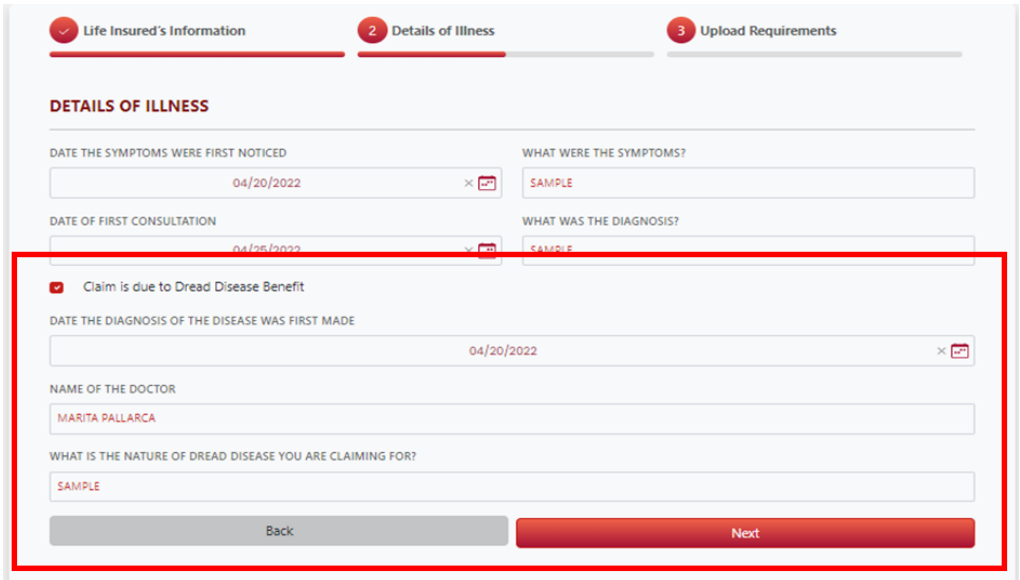
Upon clicking **NEXT** you will be **redirected on the next page for "DETAILS OF ILLNESS"**.



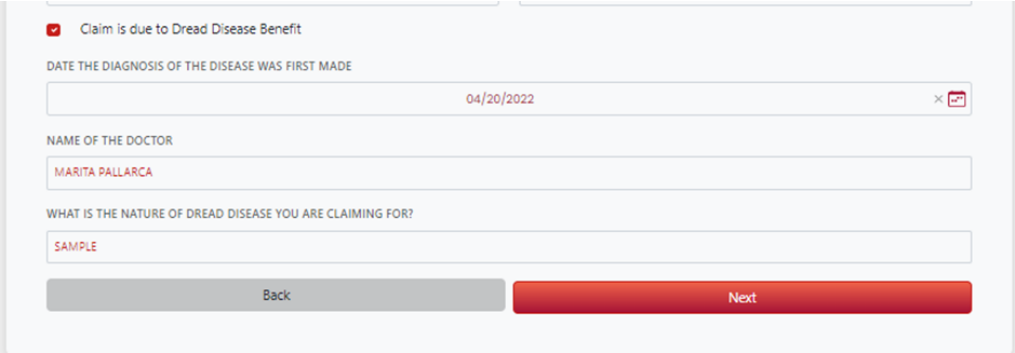
Under **"DETAILS OF ILLNESS"**, **fill out the needed information** on the fields under "DETAILS OF ILLNESS"



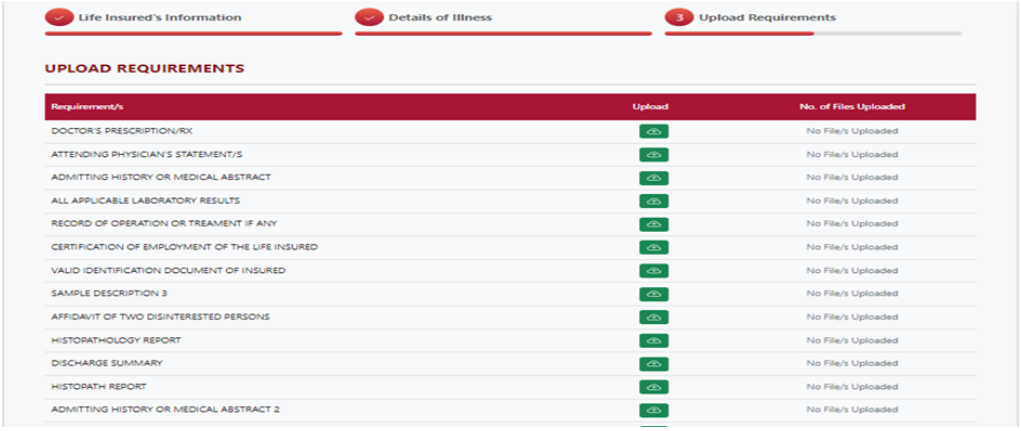
Still under **"DETAILS OF ILLNESS"**, **if claim is due to Dread Disease Benefit click the tick box beside "Claim is due to Dread Disease Benefit" and fill up the needed information**.



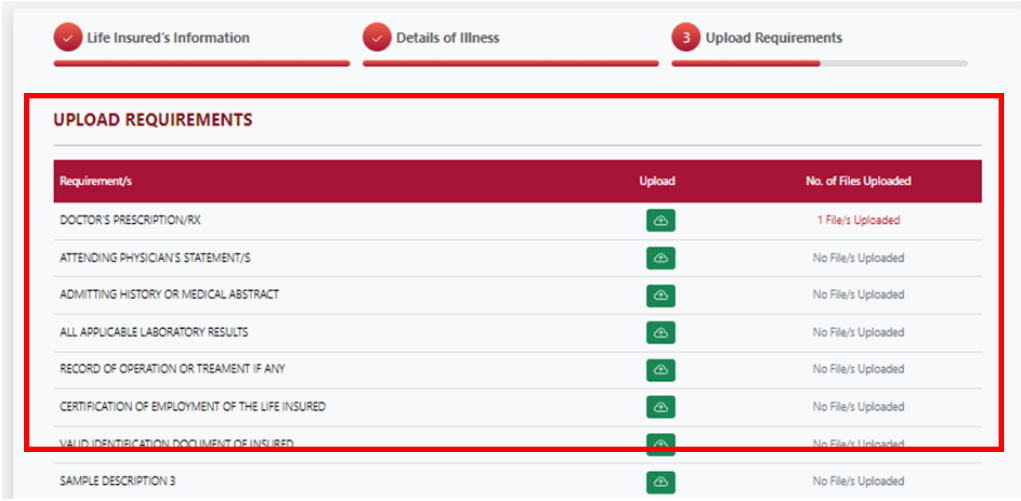
Click **“NEXT”** if all needed information was provided.



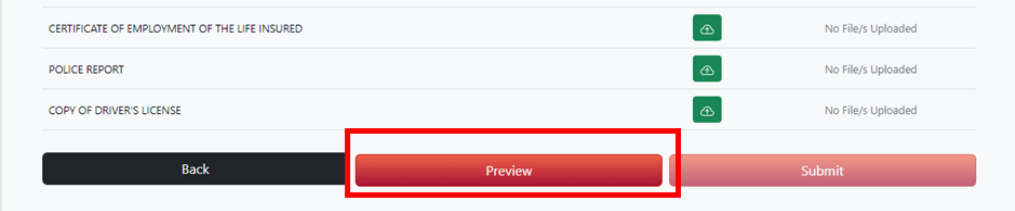
Upon clicking **NEXT** you will be **redirected on the next page “UPLOAD REQUIREMENTS”**



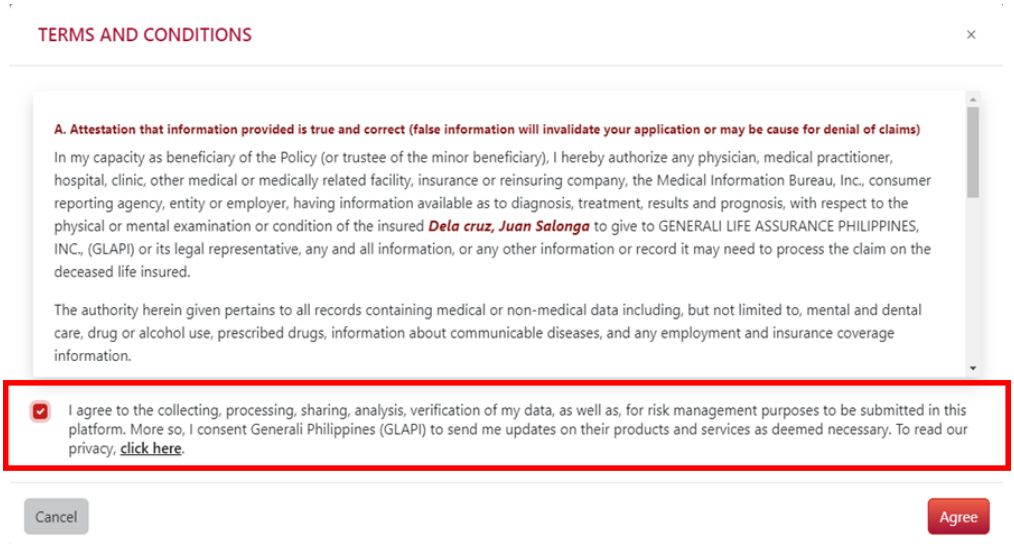
Under **“UPLOAD REQUIREMENTS”** page, **upload the necessary documents that will support your claim**.



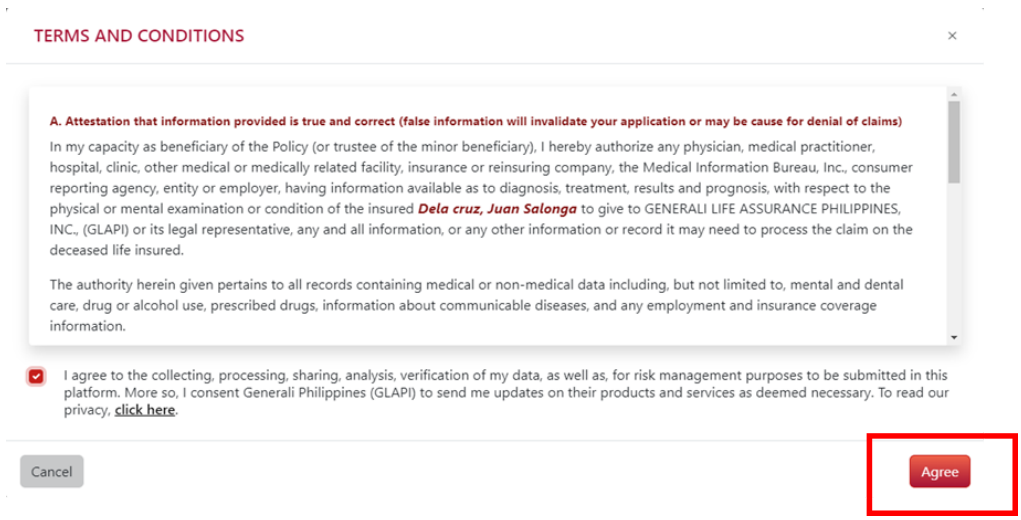
Click **“PREVIEW”** to preview, print and download the PDF form.



Upon clicking **“PREVIEW”**, **TERMS AND CONDITIONS page will appear**. Under “TERMS AND CONDITION” page, **click the tick box if you agree on the TERMS AND CONDITIONS**.



Click **“AGREE”** to **preview, print and download** the PDF form



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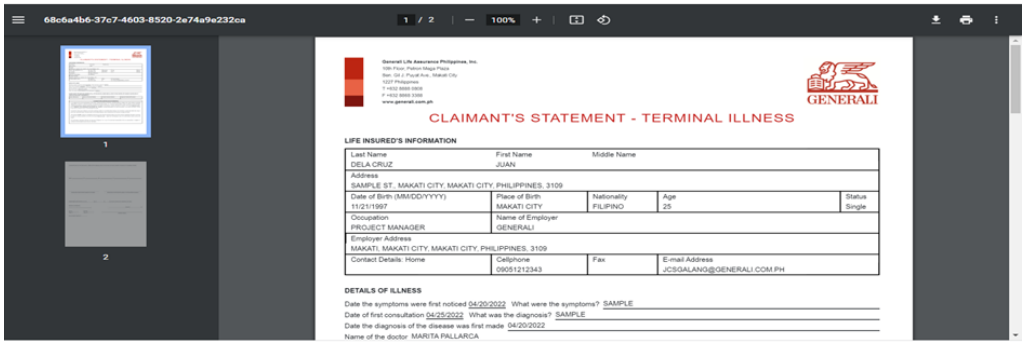
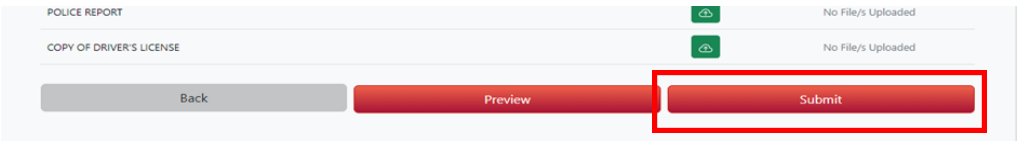


After reviewing the information on the PDF, click **"SUBMIT"**.



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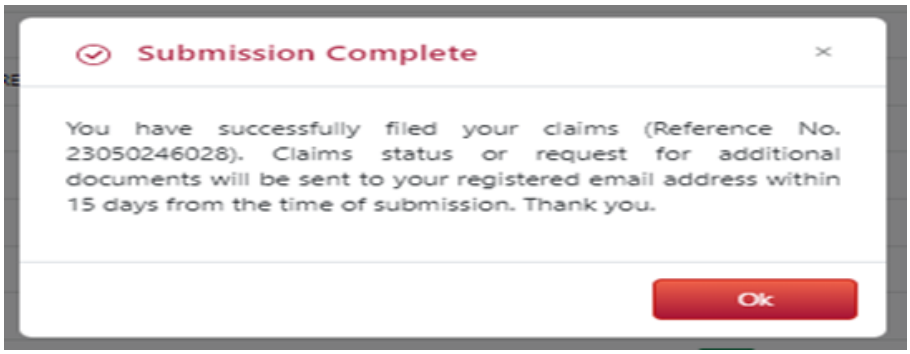

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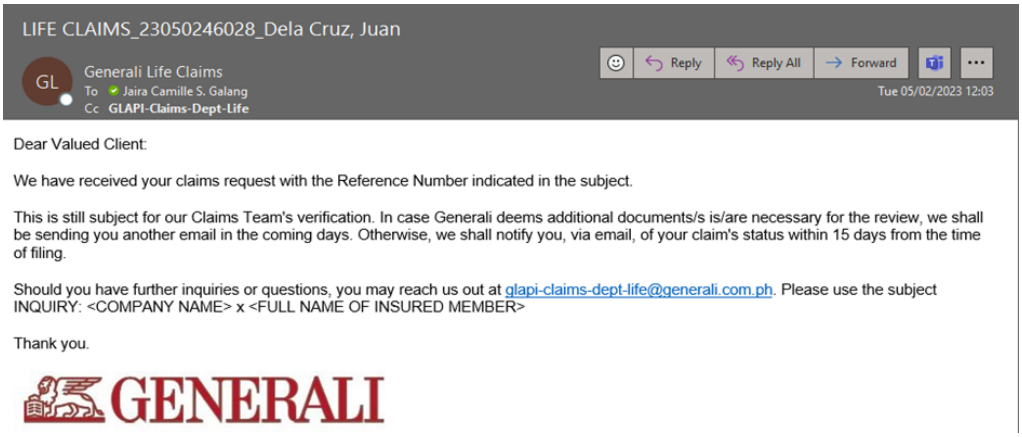


LIFE CLAIMS_23050246028_Dela Cruz, Juan

GL Generali Life Claims
To Jaira Camille S. Galang
Cc GLAPI-Claims-Dept-Life

Reply | Reply All | Forward

Tue 05/02/2023 12:03

Dear Valued Client:

We have received your claims request with the Reference Number indicated in the subject.

This is still subject for our Claims Team's verification. In case Generali deems additional documents/s is/are necessary for the review, we shall be sending you another email in the coming days. Otherwise, we shall notify you, via email, of your claim's status within 15 days from the time of filing.

Should you have further inquiries or questions, you may reach us out at glapi-claims-dept-life@generali.com.ph. Please use the subject INQUIRY: <COMPANY NAME> x <FULL NAME OF INSURED MEMBER>

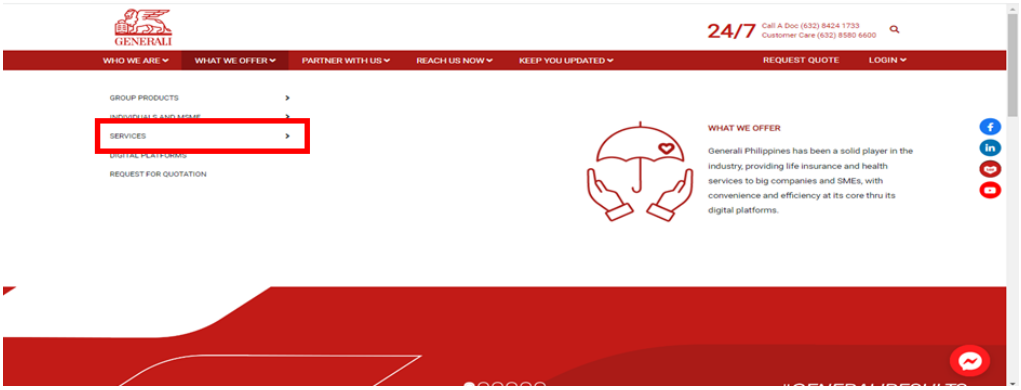
Thank you.

GENERALI

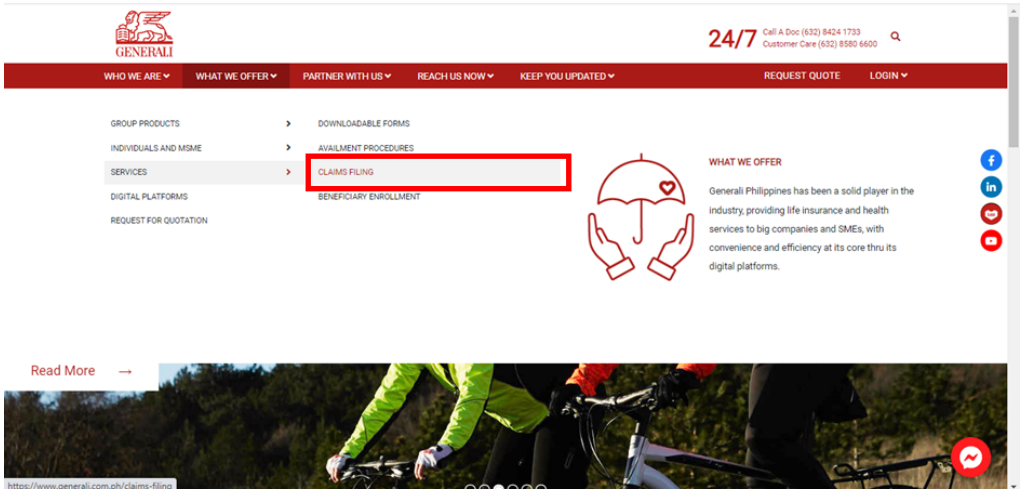
05 How to File a Credit Life Claim

On the Generali website **https://www.generali.com.ph/**, hover on **“WHAT WE OFFER”**

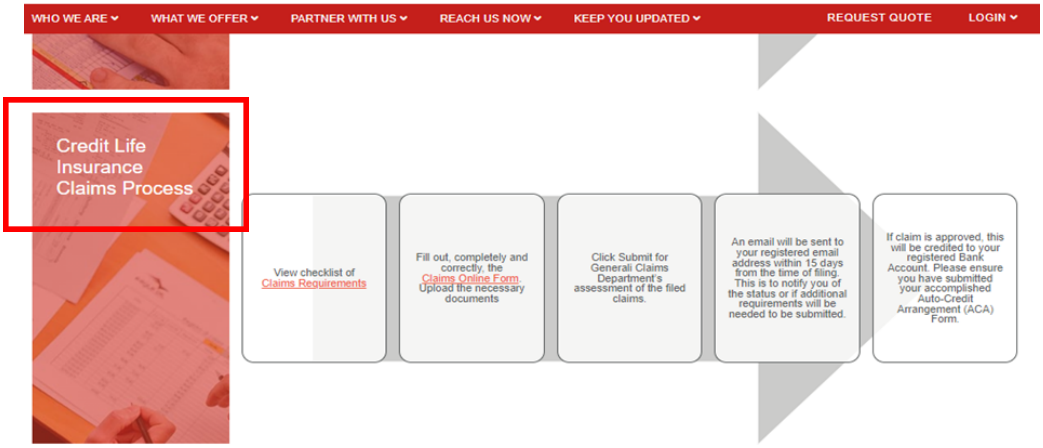
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



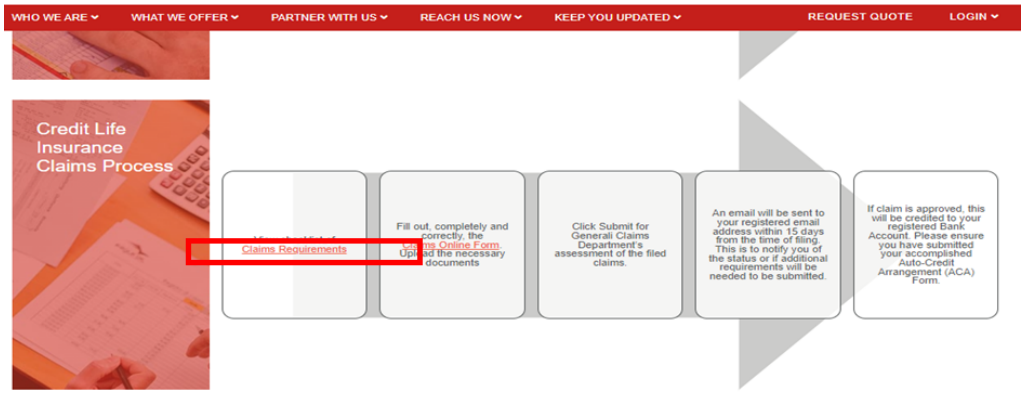
Click **“CLAIMS FILING”** upon hovering on **“SERVICES"**.



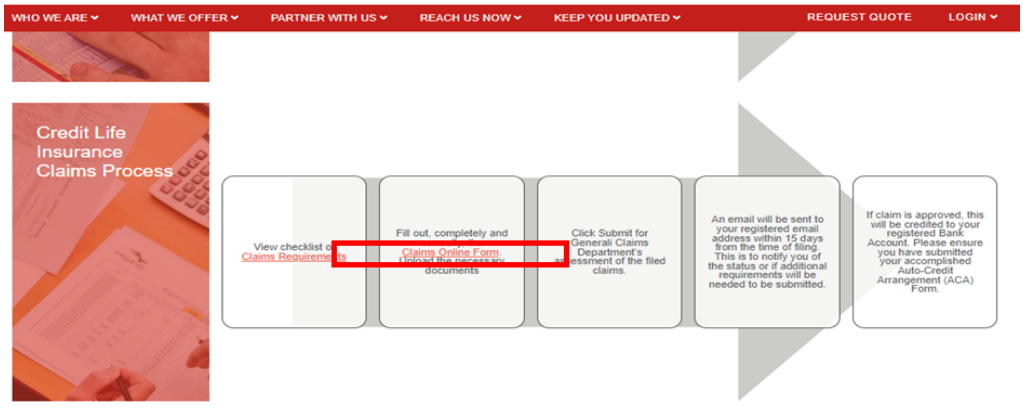
Scroll to **"CREDIT LIFE INSURANCE CLAIMS PROCESS"**.



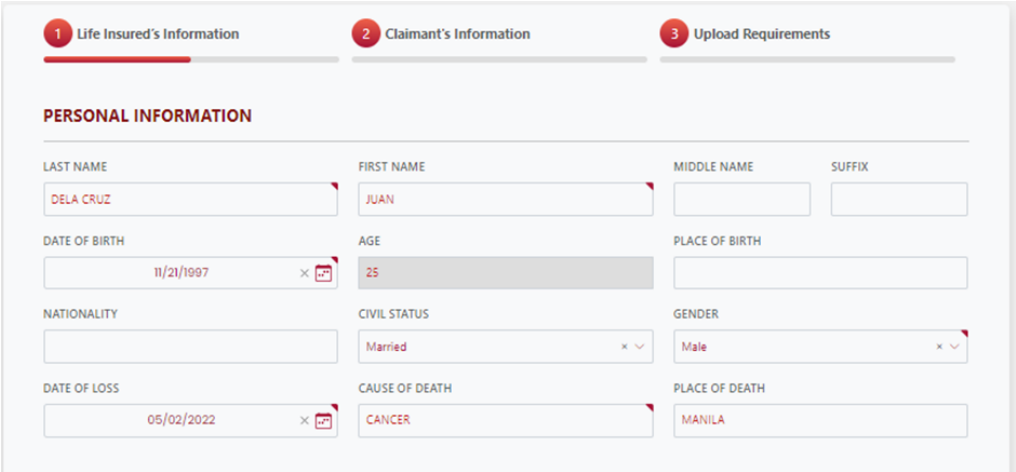
On **"CREDIT LIFE INSURANCE CLAIMS PROCESS"**, click **"CLAIMS REQUIREMENTS" to preview, print, and download the Death Claim Requirements** in PDF format.



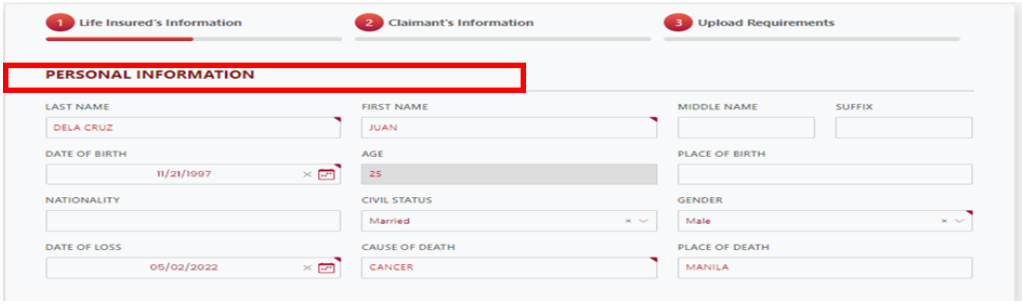
Still on **"CREDIT LIFE INSURANCE CLAIMS PROCESS"**, click **"CLAIMS ONLINE FORM".**



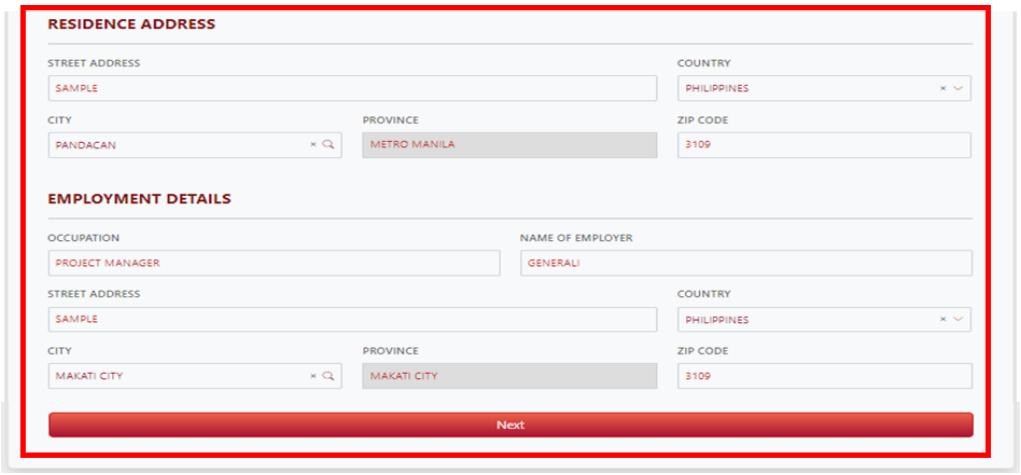
Upon clicking on **“CLAIMS ONLINE FORM”**, you will be **redirected to the Credit Life Claims Online Form.**



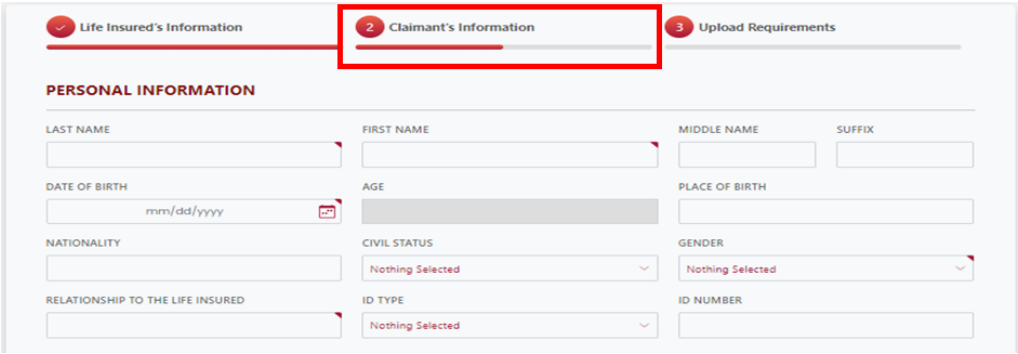
Under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under “PERSONAL INFORMATION”.



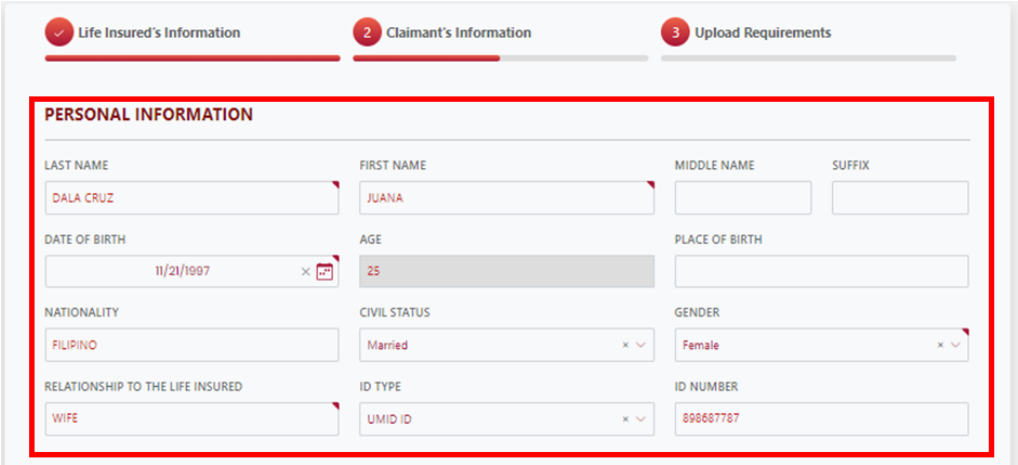
Still under **“LIFE INSURED’S INFORMATION”**, **fill out the needed information** on the fields under **RESIDENCE ADDRESS and EMPLOYMENT DETAILS** and click **“NEXT”**.



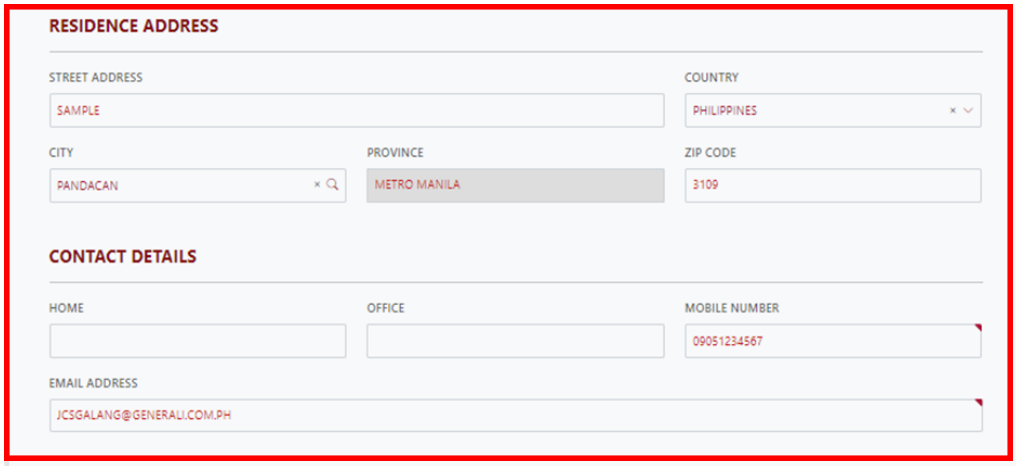
Upon click of **NEXT** you will be **redirected to the next page "CLAIMANT'S INFORMATION"**.



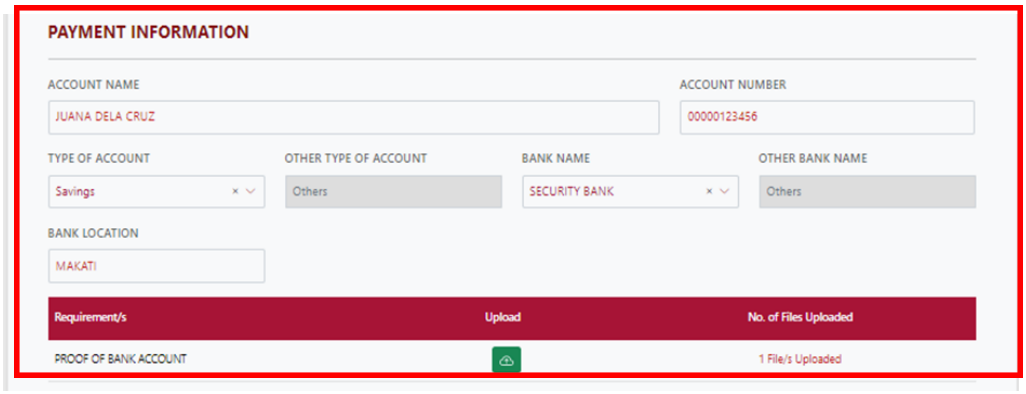
Still under **"CLAIMANTS INFORMATION"**, **fill out the needed information** on **"PERSONAL INFORMATION"**



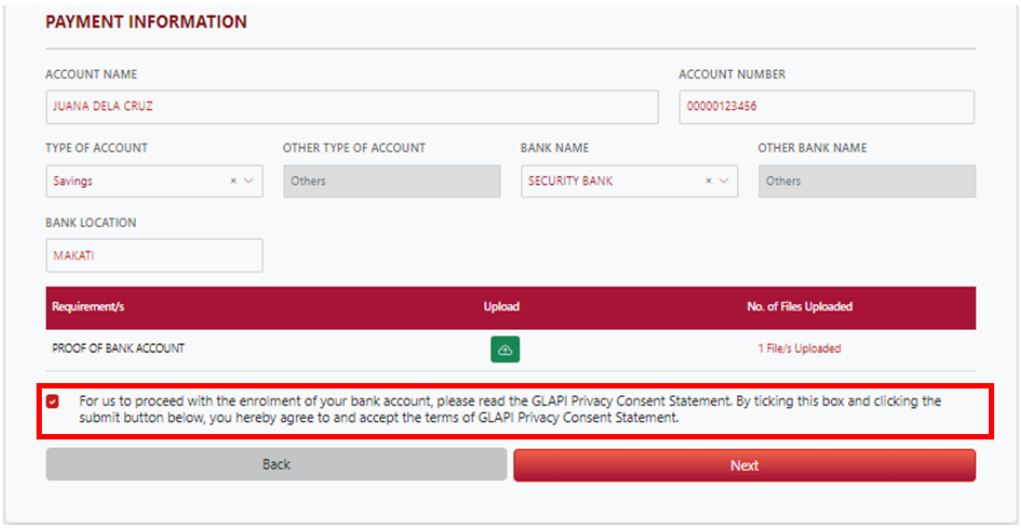
Still under **"CLAIMANTS INFORMATION"**, **fill up the needed information** on **RESIDENCE ADDRESS AND CONTACT DETAILS**.



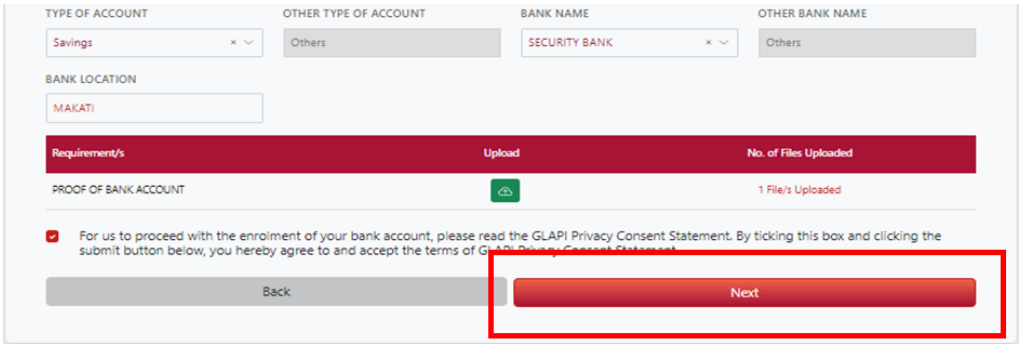
On **PAYMENT INFORMATION**, **fill out the needed information and upload the PROOF OF BANK ACCOUNT.**



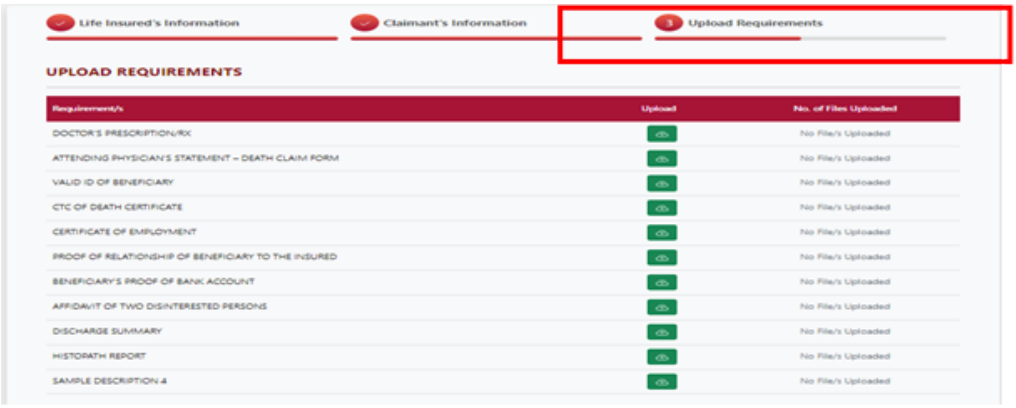
Click the **TICK BOX if you agree and accept the terms of GLAPI Privacy Consent Statement**.



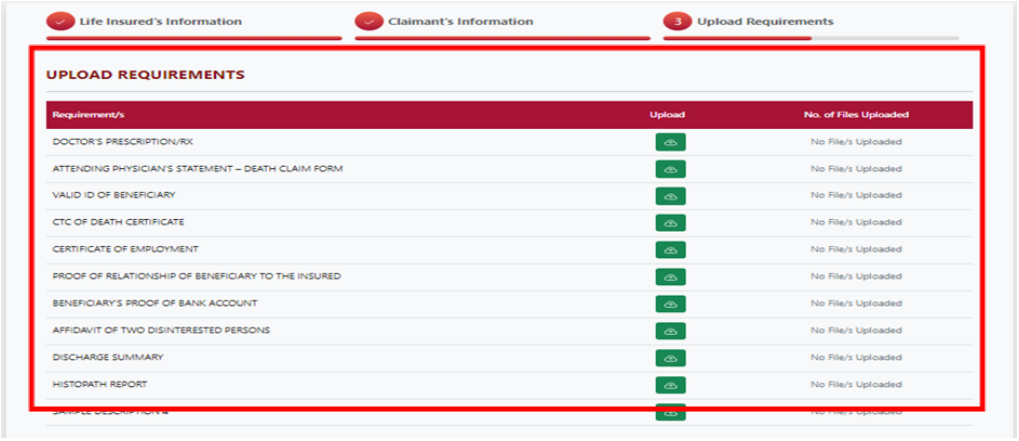
Click **"NEXT" if all needed information under LIFE INSURED'S INFORMATION have been filled out**.



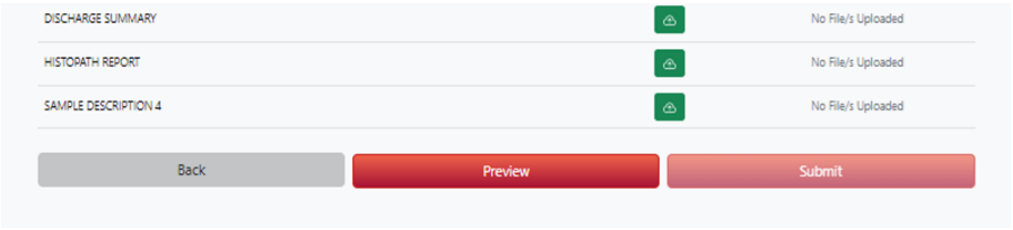
Upon clicking **NEXT** you will be **redirected on the next page "UPLOAD REQUIREMENTS"**



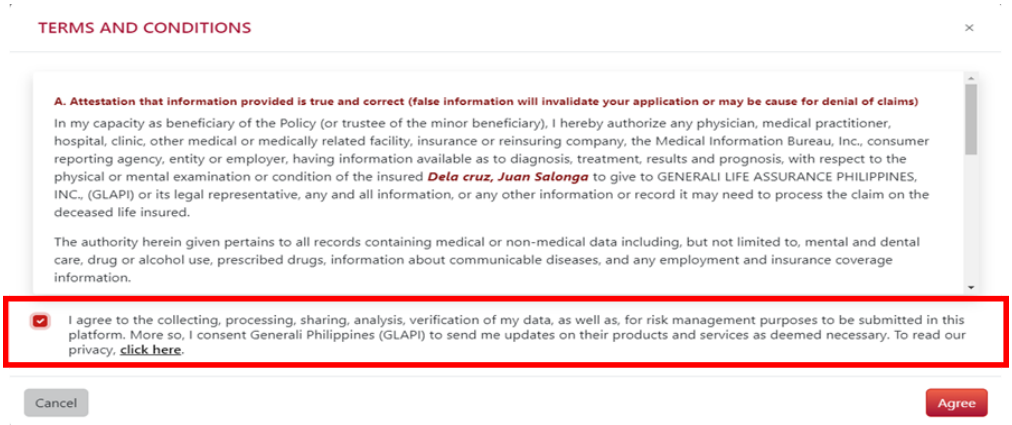
Under **"UPLOAD REQUIREMENTS"** page, **upload the necessary documents that will support your claim**.



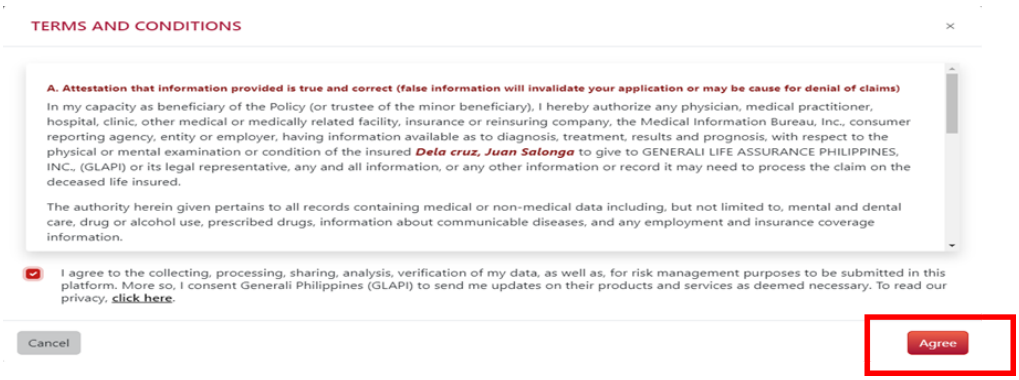
Click **"PREVIEW"** to **preview, print and download** the PDF form.



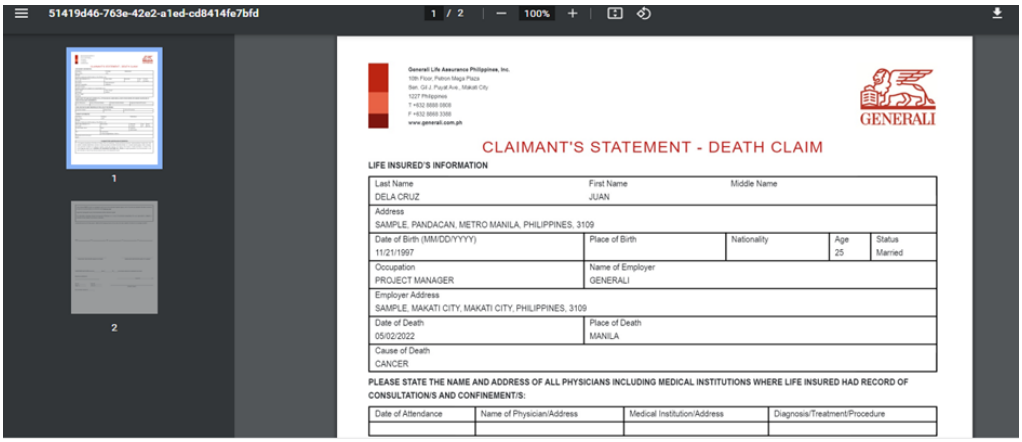
Upon clicking **“PREVIEW”**, **TERMS AND CONDITIONS page will appear**. Under “TERMS AND CONDITION” page, **click the tick box if you agree on the TERMS AND CONDITIONS.**



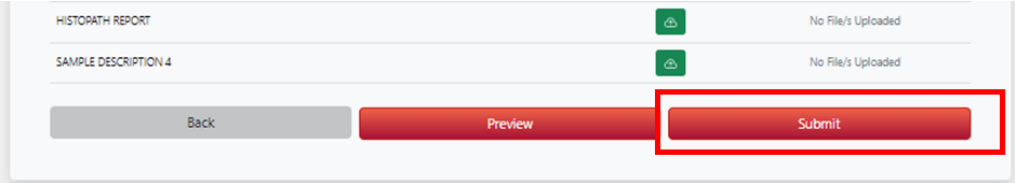
Click **“AGREE”** to **preview, print and download** the PDF form



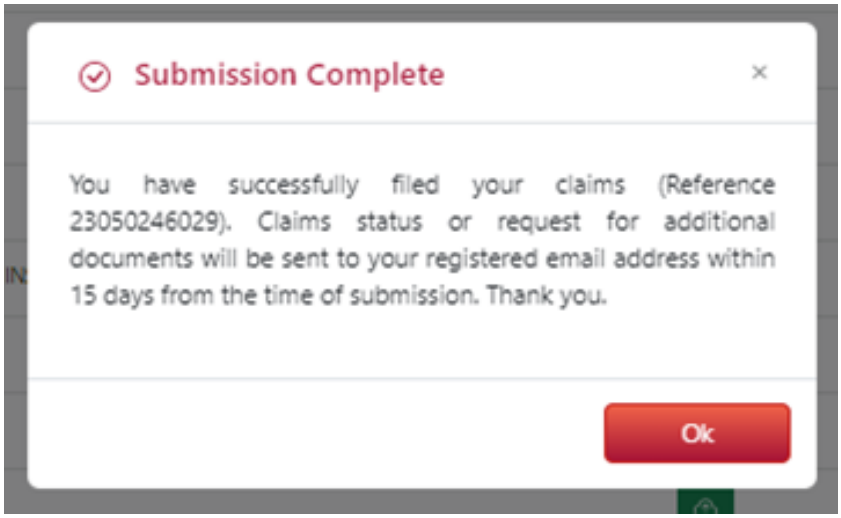
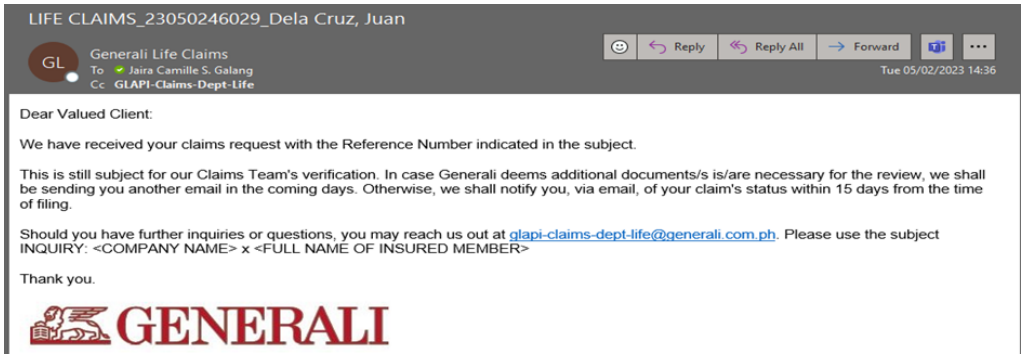
Upon clicking the **AGREE**, the PDF form will open on the new tab and available for preview, print and download.



After reviewing the information on the PDF, click **"SUBMIT"**



Upon clicking **SUBMIT**, the **"SUBMISSION COMPLETE" window that contains your Reference No. will be displayed to notify that your claim was successfully submitted**.



Upon successful submission of claim, you will **receive an email confirmation at the email address** you have provided on the online form.