



Digital Forms



Digital Forms



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

All transactions are digital-based. No more paperworks.

Available in www.generali.com.ph.

01 How to Submit Reimbursement

02 How to File a Life Claim

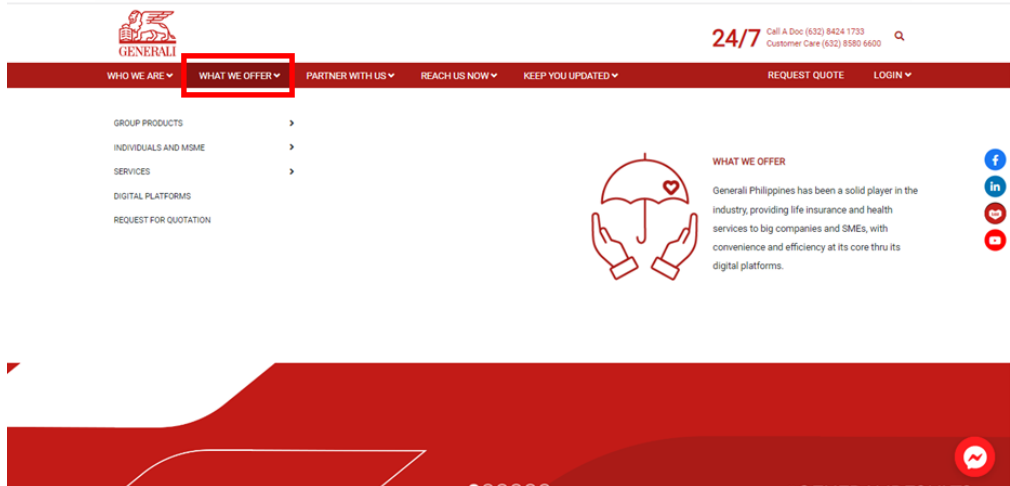
03 How to File a Personal Accident Claim

04 How to File a Critical Illness Claim

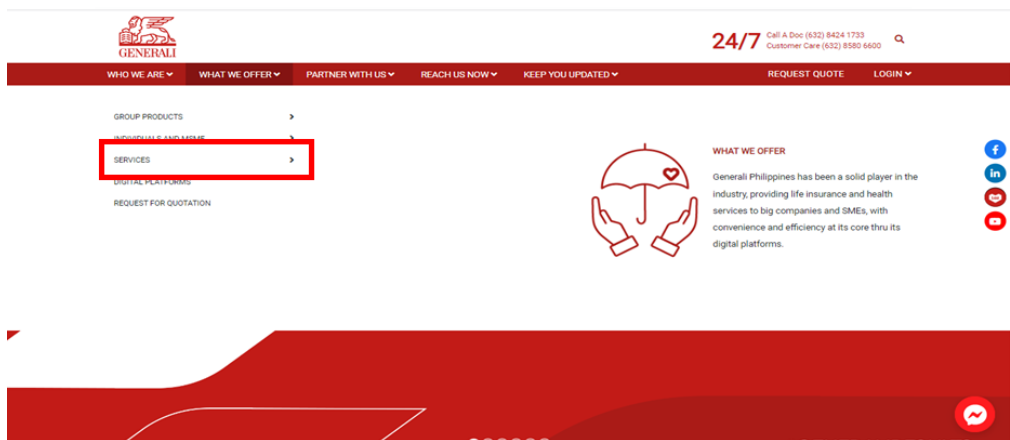
05 How to File a Credit Life Claim

01 How to Submit Reimbursement

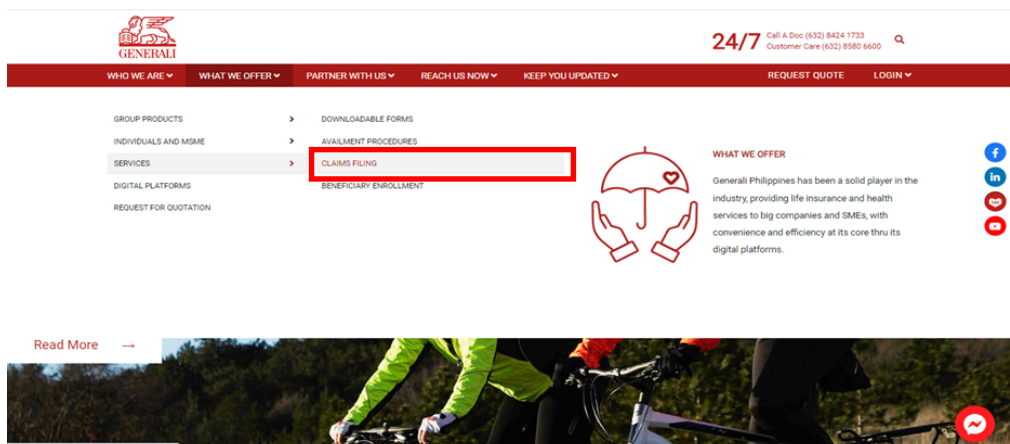
On the Generali website <https://www.generali.com.ph/>, hover on **“WHAT WE OFFER”**



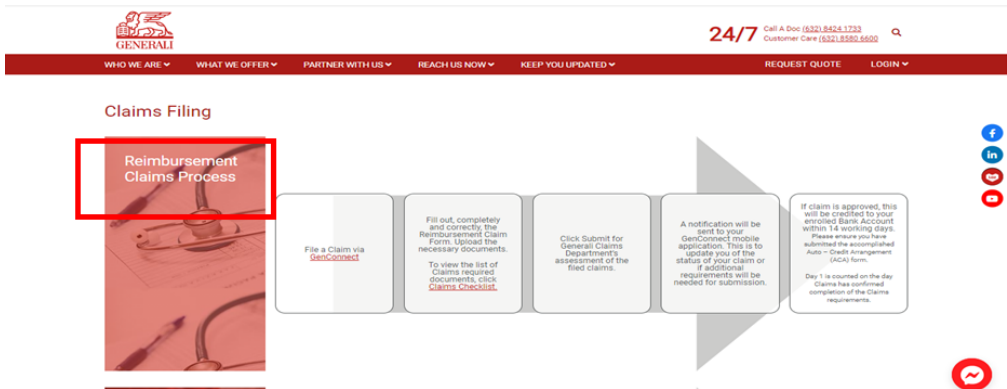
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



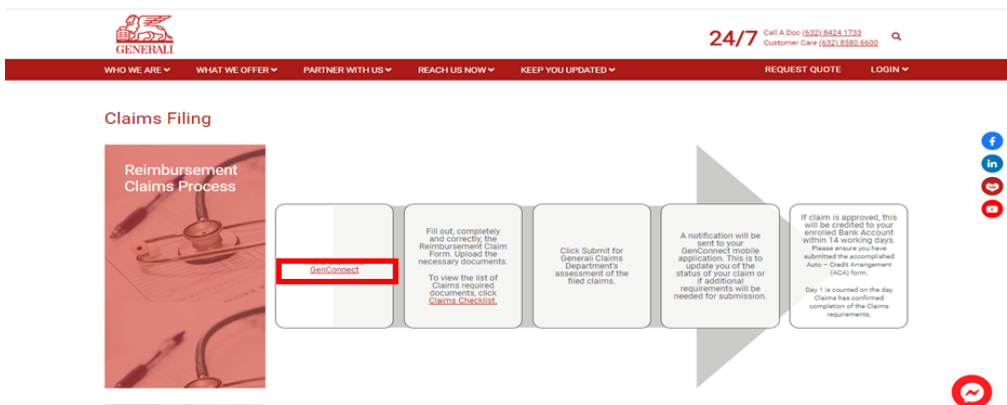
Click **“CLAIMS FILING”**, upon hovering on **“SERVICES”**



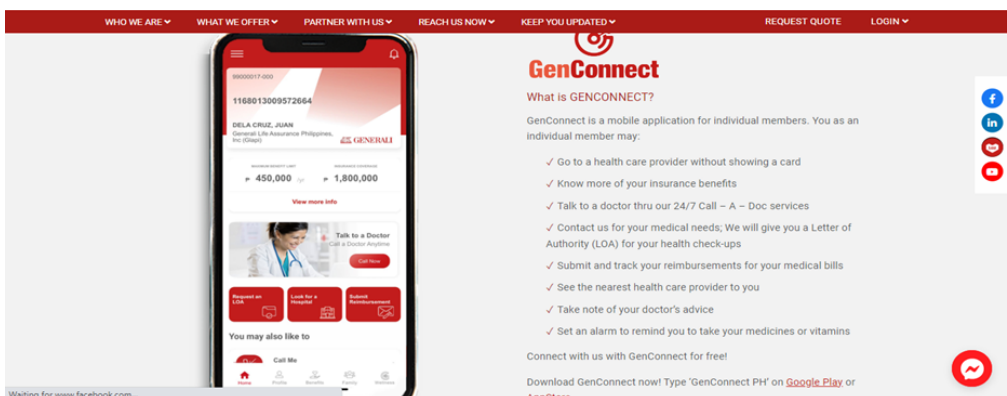
Scroll to "REIMBURSEMENT CLAIMS PROCESS"



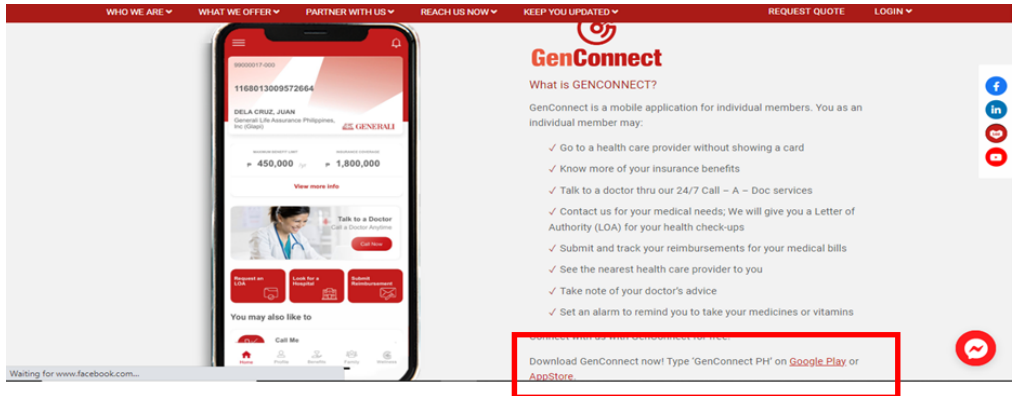
Click "GenConnect"



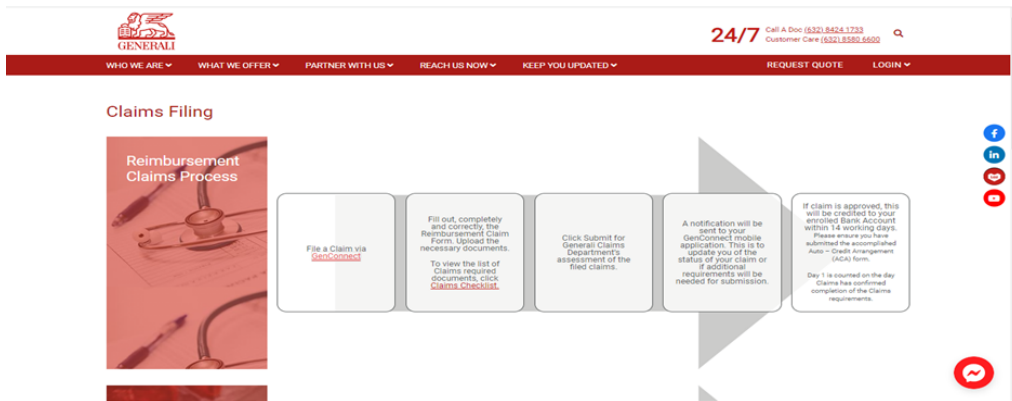
Upon clicking the "GenConnect" text, you will be **redirected to the Digital Platforms GenConnect webpage** tab guide on how to download the app.



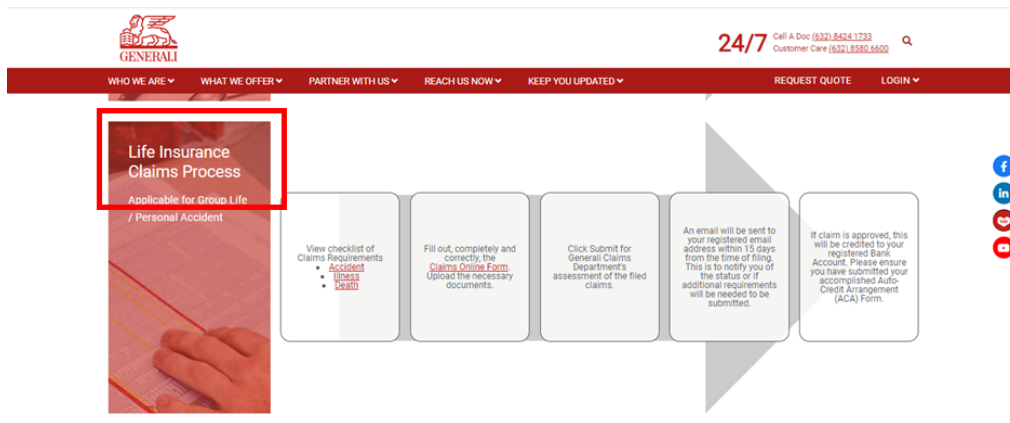
Click **“Google Play”** for Android users and **“Appstore”** for iOS users to download the GenConnect app.



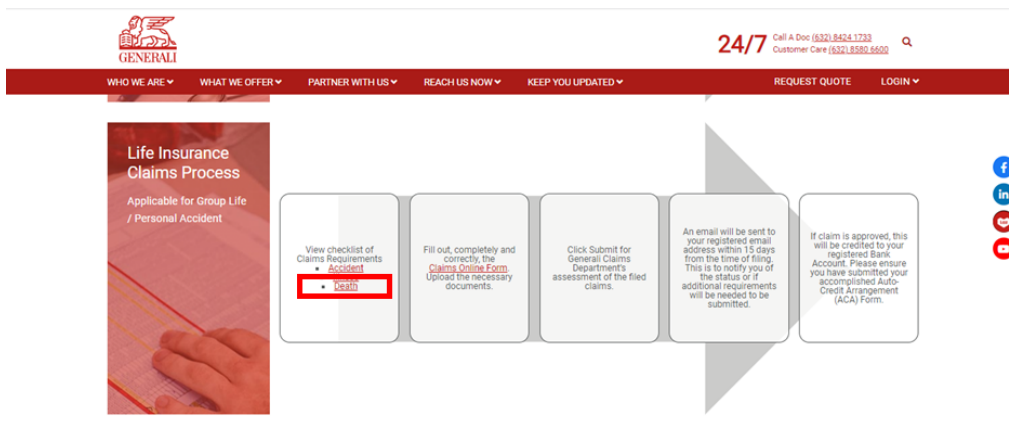
Click **“Claims Checklist”** text to view the list of requirements.



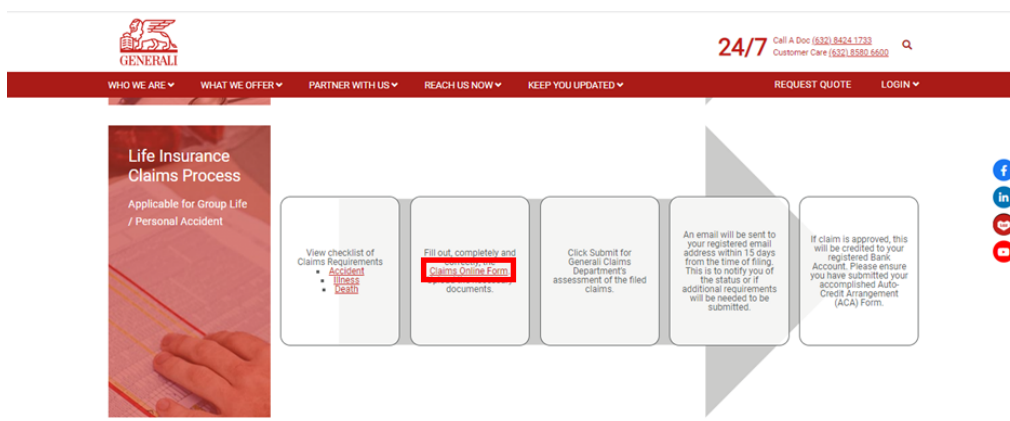
Scroll to "LIFE INSURANCE CLAIMS PROCESS"



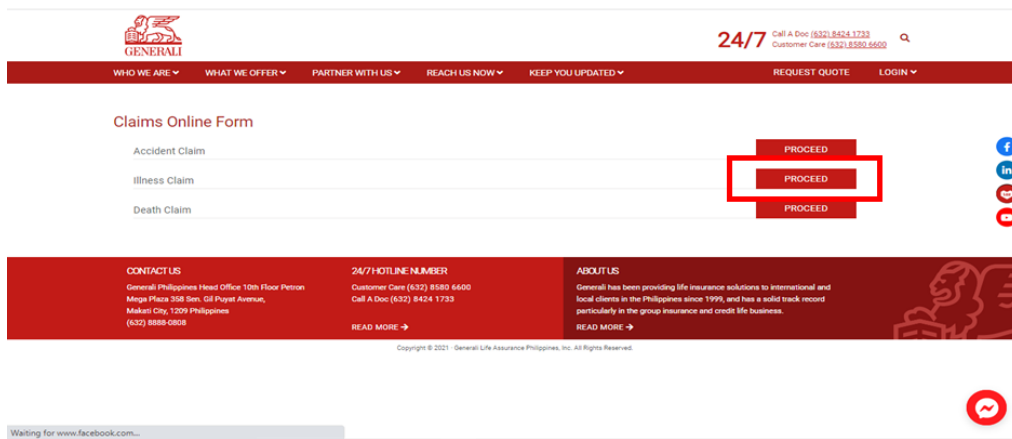
On "LIFE INSURANCE CLAIMS PROCESS", click "DEATH" to preview, print, and download the Death Claim Requirements in PDF format.



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**.

1 Life Insured's Information 2 Claimant's Information 3 Upload Requirements

PERSONAL INFORMATION

LAST NAME: DELA CRUZ

FIRST NAME: JUAN

MIDDLE NAME: [Empty]

SUFFIX: [Empty]

DATE OF BIRTH: 11/21/1997

AGE: 25

PLACE OF BIRTH: [Empty]

NATIONALITY: [Empty]

CIVIL STATUS: Married

GENDER: Male

DATE OF LOSS: 05/02/2022

CAUSE OF DEATH: CANCER

PLACE OF DEATH: MANILA

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

1 Life Insured's Information 2 Claimant's Information 3 Upload Requirements

PERSONAL INFORMATION

LAST NAME: DELA CRUZ

FIRST NAME: JUAN

MIDDLE NAME: [Empty]

SUFFIX: [Empty]

DATE OF BIRTH: 11/21/1997

AGE: 25

PLACE OF BIRTH: [Empty]

NATIONALITY: [Empty]

CIVIL STATUS: Married

GENDER: Male

DATE OF LOSS: 05/02/2022

CAUSE OF DEATH: CANCER

PLACE OF DEATH: MANILA

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

RESIDENCE ADDRESS

STREET ADDRESS: SAMPLE
CITY: PANDACAN
PROVINCE: METRO MANILA
COUNTRY: PHILIPPINES
ZIP CODE: 3109

EMPLOYMENT DETAILS

OCCUPATION: PROJECT MANAGER
NAME OF EMPLOYER: GENERALI
STREET ADDRESS: SAMPLE
CITY: MAKATI CITY
PROVINCE: MAKATI CITY
COUNTRY: PHILIPPINES
ZIP CODE: 3109

Next

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

Life Insured's Information | **2 Claimant's Information** | Upload Requirements

PERSONAL INFORMATION

LAST NAME: [] FIRST NAME: [] MIDDLE NAME: [] SUFFIX: []
DATE OF BIRTH: mm/dd/yyyy [] AGE: [] PLACE OF BIRTH: []
NATIONALITY: [] CIVIL STATUS: Nothing Selected GENDER: Nothing Selected
RELATIONSHIP TO THE LIFE INSURED: [] ID TYPE: Nothing Selected ID NUMBER: []

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

Life Insured's Information | **2 Claimant's Information** | Upload Requirements

PERSONAL INFORMATION

LAST NAME: DALA CRUZ FIRST NAME: JUANA MIDDLE NAME: [] SUFFIX: []
DATE OF BIRTH: 11/21/1997 AGE: 25 PLACE OF BIRTH: []
NATIONALITY: FILIPINO CIVIL STATUS: Married GENDER: Female
RELATIONSHIP TO THE LIFE INSURED: WIFE ID TYPE: UMID ID ID NUMBER: 898687787

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

RESIDENCE ADDRESS

STREET ADDRESS: SAMPLE COUNTRY: PHILIPPINES

CITY: PANDACAN PROVINCE: METRO MANILA ZIP CODE: 3109

CONTACT DETAILS

HOME: OFFICE: MOBILE NUMBER: 09051234567

EMAIL ADDRESS: JCSGALANG@GENERALI.COM.PH

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

PAYMENT INFORMATION

ACCOUNT NAME: JUANA DELA CRUZ ACCOUNT NUMBER: 00000123456

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

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

PAYMENT INFORMATION

ACCOUNT NAME: JUANA DELA CRUZ ACCOUNT NUMBER: 00000123456

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Back Next

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

PAYMENT INFORMATION

ACCOUNT NAME: JUANA DELA CRUZ ACCOUNT NUMBER: 0000123456

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Back **Next**

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

Life Insured's Information Claimant's Information **Upload Requirements**

UPLOAD REQUIREMENTS

Requirement/s	Upload	No. of Files Uploaded
DOCTOR'S PRESCRIPTION/RX		No File/s Uploaded
ATTENDING PHYSICIAN'S STATEMENT - DEATH CLAIM FORM		No File/s Uploaded
VALID ID OF BENEFICIARY		No File/s Uploaded
CTC OF DEATH CERTIFICATE		No File/s Uploaded
CERTIFICATE OF EMPLOYMENT		No File/s Uploaded
PROOF OF RELATIONSHIP OF BENEFICIARY TO THE INSURED		No File/s Uploaded
BENEFICIARY'S PROOF OF BANK ACCOUNT		No File/s Uploaded
AFFIDAVIT OF TWO DISINTERESTED PERSONS		No File/s Uploaded
DISCHARGE SUMMARY		No File/s Uploaded
HISTOPATH REPORT		No File/s Uploaded
SAMPLE DESCRIPTION 4		No File/s Uploaded

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

Life Insured's Information Details of Illness **3 Upload Requirements**

UPLOAD REQUIREMENTS

Requirement/s	Upload	No. of Files Uploaded
DOCTOR'S PRESCRIPTION/RX		1 File/s Uploaded
ATTENDING PHYSICIAN'S STATEMENT/S		No File/s Uploaded
ADMITTING HISTORY OR MEDICAL ABSTRACT		No File/s Uploaded
ALL APPLICABLE LABORATORY RESULTS		No File/s Uploaded
RECORD OF OPERATION OR TREATMENT IF ANY		No File/s Uploaded
CERTIFICATION OF EMPLOYMENT OF THE LIFE INSURED		No File/s Uploaded
VALID IDENTIFICATION DOCUMENT OF INSURED		No File/s Uploaded
SAMPLE DESCRIPTION 5		No File/s Uploaded

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

The screenshot shows a form titled "CERTIFICATE OF EMPLOYMENT OF THE LIFE INSURED" with three rows for document uploads: "POLICE REPORT" and "COPY OF DRIVER'S LICENSE". Each row has a green upload icon and the text "No File/s Uploaded". Below the rows are three buttons: "Back", "Preview" (highlighted with a red box), and "Submit".

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**

The screenshot shows a modal window titled "TERMS AND CONDITIONS" with a close button (X) in the top right. The main content area contains the following text:
A. Attestation that information provided is true and correct (false information will invalidate your application or may be cause for denial of claims)
In my capacity as beneficiary of the Policy (or trustee of the minor beneficiary), I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment, results and prognosis, with respect to the physical or mental examination or condition of the insured **Dela cruz, Juan Salonga** to give to GENERALI LIFE ASSURANCE PHILIPPINES, INC., (GLAPI) or its legal representative, any and all information, or any other information or record it may need to process the claim on the deceased life insured.
The authority herein given pertains to all records containing medical or non-medical data including, but not limited to, mental and dental care, drug or alcohol use, prescribed drugs, information about communicable diseases, and any employment and insurance coverage information.
Below the text is a checkbox with a red checkmark, which is highlighted by a red box. The text next to the checkbox reads: "I agree to the collecting, processing, sharing, analysis, verification of my data, as well as, for risk management purposes to be submitted in this platform. More so, I consent Generali Philippines (GLAPI) to send me updates on their products and services as deemed necessary. To read our privacy, [click here](#)."
At the bottom of the modal are two buttons: "Cancel" and "Agree".

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

This screenshot is identical to the previous one, showing the "TERMS AND CONDITIONS" modal window. In this version, the "Agree" button at the bottom right is highlighted with a red box.

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

Generali Life Assurance Philippines, Inc.
10th Floor, Pateros Plaza Tower
1027 Pasig City
1000 Manila
www.generali.com.ph

CLAIMANT'S STATEMENT - TERMINAL ILLNESS

LIFE INSURED'S INFORMATION

Last Name	First Name	Middle Name		
DELA CRUZ	JUAN			
Address				
SAMPLE ST., MAKATI CITY, MAKATI CITY, PHILIPPINES, 3109				
Date of Birth (MM/DD/YYYY)	Place of Birth	Nationality	Age	Status
11/20/1997	MAKATI CITY	FILIPINO	28	Single
Occupation	Name of Employer			
PROJECT MANAGER	GENERALI			
Employer Address				
MAKATI, MAKATI CITY, MAKATI CITY, PHILIPPINES, 3109				
Contact Details: Home	Telephone	Fax	E-mail Address	
	09051212343		JDS@GALANS@GENERALI.COM.PH	

DETAILS OF ILLNESS

Date the symptoms were first noticed: 04/20/2022 What were the symptoms? SAMPLE
Date of first consultation: 04/25/2022 What was the diagnosis? SAMPLE
Date the diagnosis of the disease was first made: 04/20/2022
Name of the doctor: MARITA PALLARCA

After reviewing the information on the PDF, click **“SUBMIT”**

POLICE REPORT No File/s Uploaded

COPY OF DRIVER'S LICENSE No File/s Uploaded

Back Preview **Submit**

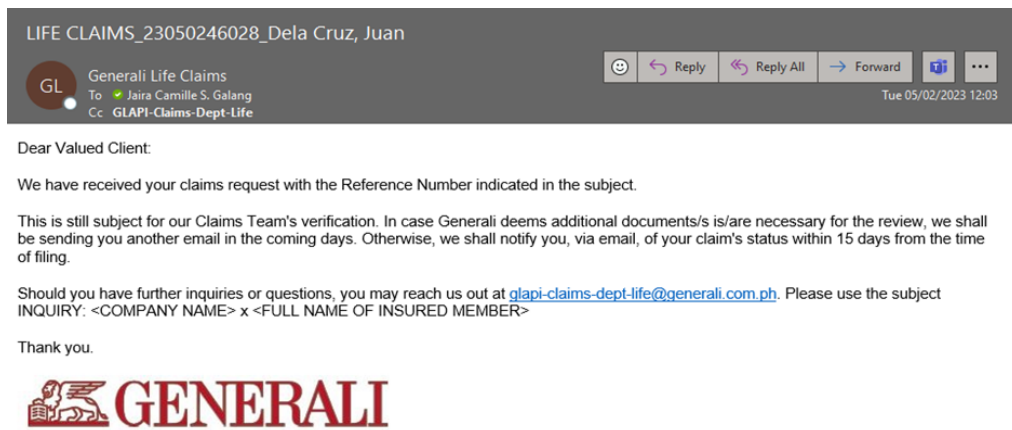
Upon clicking **SUBMIT**, the **“SUBMISSION COMPLETE”** window that contains your Reference No. will be displayed to notify that your claim was successfully submitted.

Submission Complete

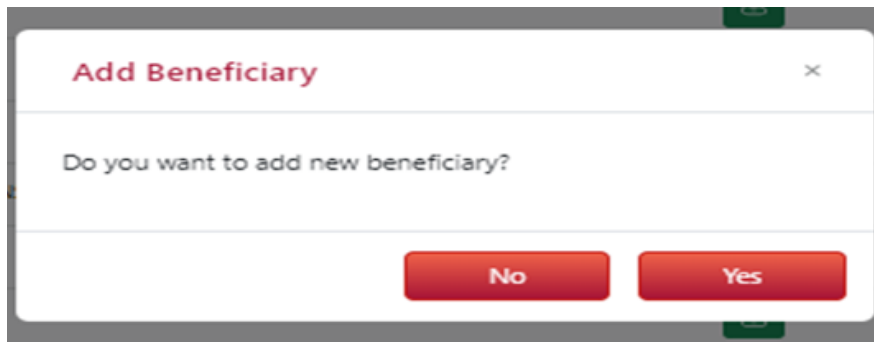
You have successfully filed your claims (Reference No. 23050246028). Claims status or request for additional documents will be sent to your registered email address within 15 days from the time of submission. Thank you.

Ok

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

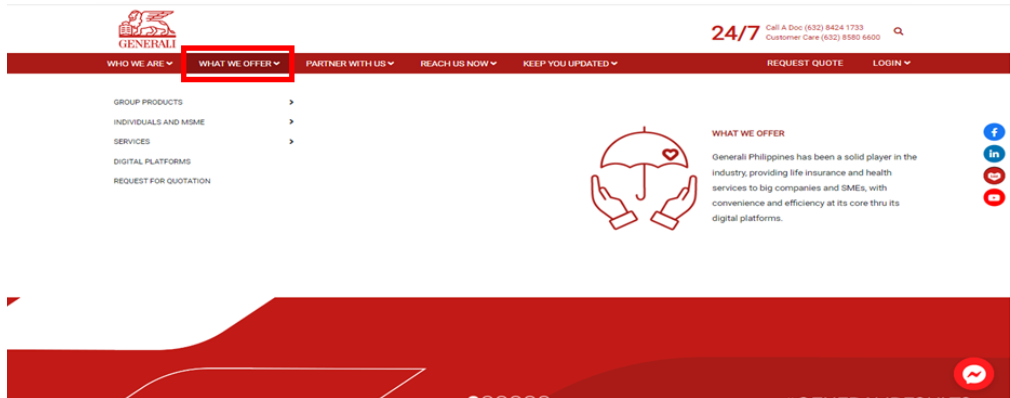


If you would like to file another claim for new Beneficiary, click **“YES”**.

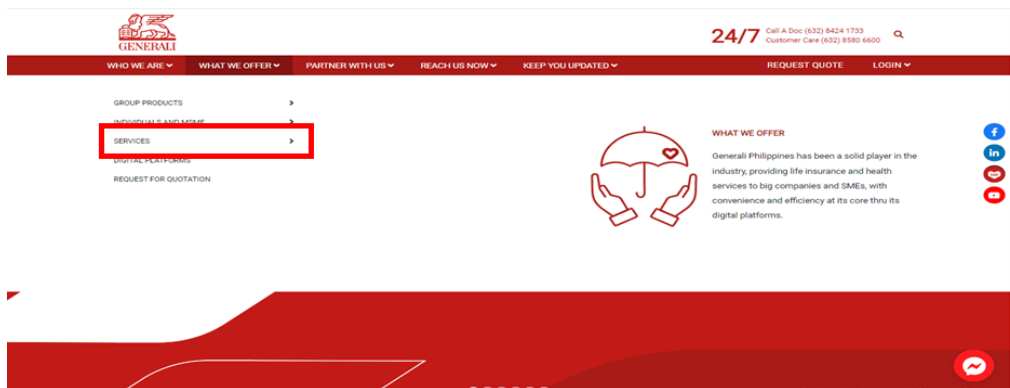


03 How to File a Personal Accident Claim

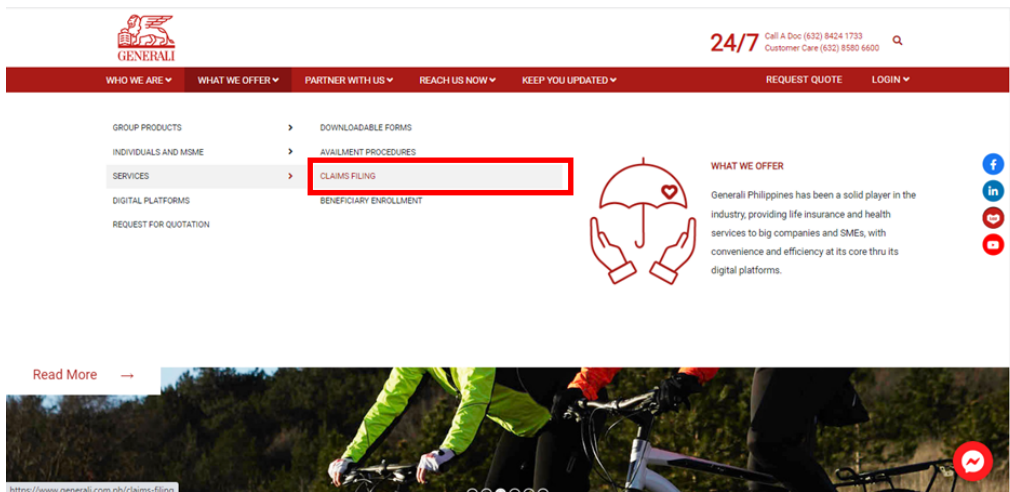
On the Generali website <https://www.generali.com.ph/>, hover on **“WHAT WE OFFER”**



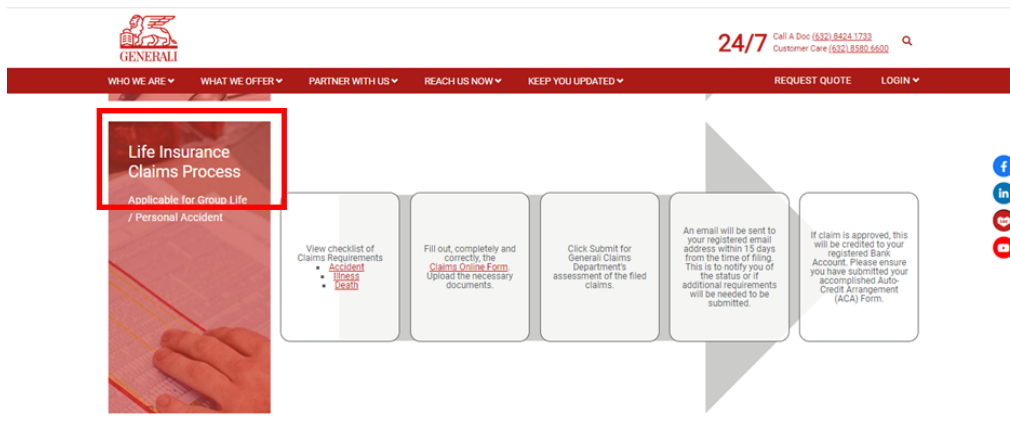
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



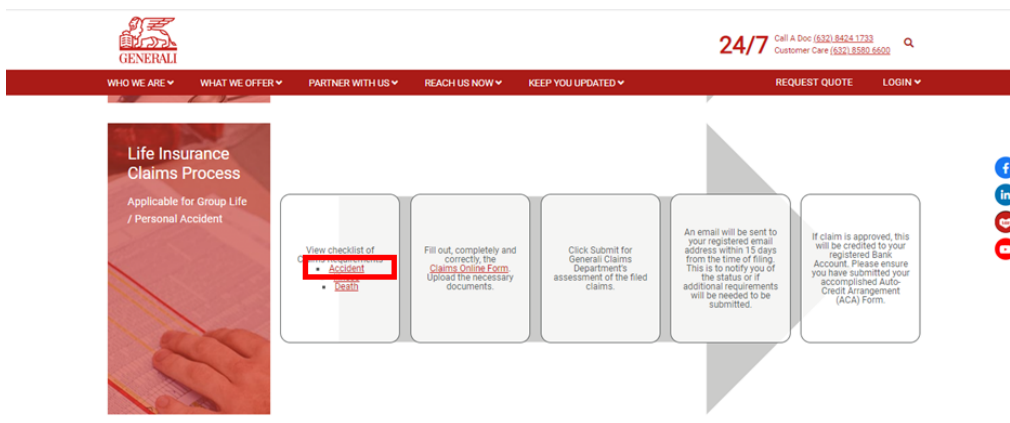
Click **“CLAIMS FILING”** upon hovering on **“SERVICES”**.



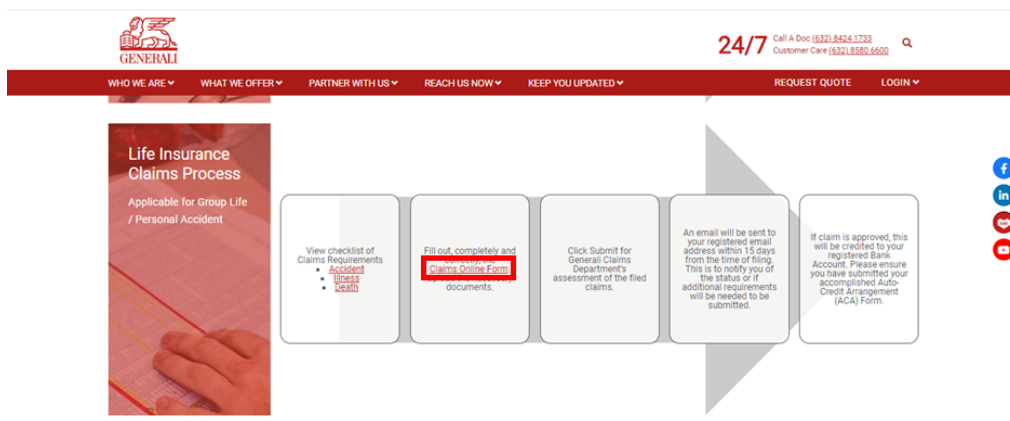
Scroll to "LIFE INSURANCE CLAIMS PROCESS"



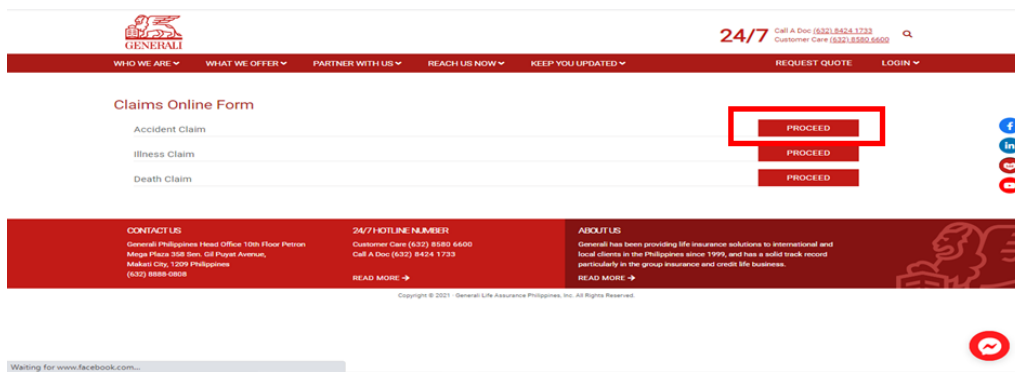
On "LIFE INSURANCE CLAIMS PROCESS", click "ACCIDENT" to preview, print, and download the Accident Claim Requirements in PDF format.



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**

The screenshot shows the 'Accident Claims Online Form' page. The form is divided into three sections: 1 Life Insured's Information, 2 Details of Illness, and 3 Upload Requirements. The first section, 'Life Insured's Information', contains a radio button selection for 'PRINCIPAL' (selected) and 'DEPENDENT'. Below this is a 'PERSONAL INFORMATION' section with fields for Last Name, First Name, Middle Name, Suffix, Date of Birth, Age, Place of Birth, Nationality, and Civil Status.

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

The screenshot shows the 'Accident Claims Online Form' page, identical to the previous one, but with a red box highlighting the 'PRINCIPAL' and 'DEPENDENT' radio button options.

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

24/7 Call A Doc (632) 8424 1733
Customer Care (632) 8580 6600

1 Life Insured's Information 2 Details of Illness 3 Upload Requirements

PLEASE SELECT FOR WHOM THE CLAIM REQUEST IS

PRINCIPAL DEPENDENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
DELA CRUZ	JUAN		
DATE OF BIRTH	AGE	PLACE OF BIRTH	
11/21/1997	25	MAKATI CITY	
NATIONALITY	CIVIL STATUS		
FILIPINO	Single		

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

RESIDENCE ADDRESS

STREET ADDRESS	COUNTRY	
SAMPLE ST.	PHILIPPINES	
CITY	PROVINCE	ZIP CODE
MAKATI CITY	MAKATI CITY	3109

EMPLOYMENT DETAILS

OCCUPATION	NAME OF EMPLOYER	
PROJECT MANAGER	GENERALI	
STREET ADDRESS	COUNTRY	
MAKATI	PHILIPPINES	
CITY	PROVINCE	ZIP CODE
MAKATI CITY	MAKATI CITY	3109

CONTACT DETAILS

HOME	MOBILE NUMBER
	09051212343
EMAIL ADDRESS	
JCSGALANG@GENERALI.COM.PH	
ID TYPE	ID NUMBER
TIN ID	78547868700

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

PAYMENT INFORMATION

ACCOUNT NAME: JUAN DELA CRUZ ACCOUNT NUMBER: 0000025342567

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

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

PAYMENT INFORMATION

ACCOUNT NAME: JUAN DELA CRUZ ACCOUNT NUMBER: 0000025342567

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Next

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

PAYMENT INFORMATION

ACCOUNT NAME: JUAN DELA CRUZ ACCOUNT NUMBER: 0000025342567

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Next

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

The screenshot shows a three-step navigation bar at the top: 1. Life Insured's Information, 2. Details of Present Condition (highlighted with a red box), and 3. Upload Requirements. Below the navigation bar, the form title is "DETAILS OF PRESENT CONDITION". The form contains three rows of input fields: "DATE THE SYMPTOMS WERE FIRST NOTICED" (placeholder: mm/dd/yyyy), "WHAT WERE THE SYMPTOMS?" (placeholder: SAMPLE SYMPTOMS), "DATE OF FIRST CONSULTATION" (placeholder: mm/dd/yyyy), "WHAT WAS THE DIAGNOSIS?" (placeholder: SAMPLE DIAGNOSIS), and "WHEN ARE YOU EXPECTED TO RETURN TO YOUR USUAL OCCUPATION?" (placeholder: mm/dd/yyyy).

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

This screenshot shows the same form as above, but with sample data entered. The "DATE THE SYMPTOMS WERE FIRST NOTICED" field contains "07/05/2022". The "WHAT WERE THE SYMPTOMS?" field contains "SAMPLE SYMPTOMS". The "DATE OF FIRST CONSULTATION" field contains "07/06/2022". The "WHAT WAS THE DIAGNOSIS?" field contains "SAMPLE DIAGNOSIS". The "WHEN ARE YOU EXPECTED TO RETURN TO YOUR USUAL OCCUPATION?" field contains "08/01/2022". The entire form area is highlighted with a red box.

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**.

The screenshot shows the "TYPE OF BENEFIT" section. There are three radio button options: "DISABILITY BENEFIT" (selected), "HOSPITAL INCOME BENEFIT", and "ACCIDENTAL MEDICAL REIMBURSEMENT". Below this, the text reads "IF CLAIM IS DUE TO DISABILITY BENEFIT". There are two date input fields: "WHEN WERE YOU PREVENTED FROM ATTENDING TO YOUR USUAL OCCUPATION?" (placeholder: mm/dd/yyyy) and "WHEN WERE YOU CONSIDERED TOTALLY AND PERMANENTLY DISABLED?" (placeholder: mm/dd/yyyy). At the bottom, there are "Back" and "Next" buttons.

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

This screenshot shows the "TYPE OF BENEFIT" section with "HOSPITAL INCOME BENEFIT" selected. Below the radio buttons, the text reads "IF CLAIM IS DUE TO HOSPITAL INCOME BENEFIT". There are two date input fields: "DATE ADMITTED IN THE HOSPITAL" (placeholder: mm/dd/yyyy) containing "07/07/2022" and "DATE OF DISCHARGE" (placeholder: mm/dd/yyyy) containing "07/11/2022". There is also a "FINAL DIAGNOSIS" input field. At the bottom, there are "Back" and "Next" buttons.

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

TYPE OF BENEFIT

DISABILITY BENEFIT HOSPITAL INCOME BENEFIT ACCIDENTAL MEDICAL REIMBURSEMENT

IF CLAIM IS DUE TO HOSPITAL INCOME BENEFIT

DATE ADMITTED IN THE HOSPITAL: 07/07/2022 DATE OF DISCHARGE: 07/11/2022

FINAL DIAGNOSIS: _____

[Back](#) [Next](#)

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

Life Insured's Information **Details of Present Condition** **3 Upload Requirements**

UPLOAD REQUIREMENTS

Requirement/s	Upload	No. of Files Uploaded
ATTENDING PHYSICIAN'S STATEMENT/S		No File/s Uploaded
ADMITTING HISTORY OR MEDICAL ABSTRACT		No File/s Uploaded
STATEMENT OF ACCOUNT OR BILLING STATEMENT FROM THE HOSPITAL		No File/s Uploaded
ORIGINAL OFFICIAL RECEIPTS		No File/s Uploaded
DOCTOR'S PRESCRIPTION		No File/s Uploaded
ALL APPLICABLE LABORATORY RESULTS		No File/s Uploaded
RECORD OF OPERATION OR TREATMENT IF ANY		No File/s Uploaded
CERTIFICATION FROM EMPLOYER		No File/s Uploaded
VALID IDENTIFICATION DOCUMENT OF INSURED		No File/s Uploaded

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

Life Insured's Information **Details of Present Condition** **3 Upload Requirements**

UPLOAD REQUIREMENTS

Requirement/s	Upload	No. of Files Uploaded
ATTENDING PHYSICIAN'S STATEMENT/S		2 File/s Uploaded
ADMITTING HISTORY OR MEDICAL ABSTRACT		No File/s Uploaded
STATEMENT OF ACCOUNT OR BILLING STATEMENT FROM THE HOSPITAL		1 File/s Uploaded
ORIGINAL OFFICIAL RECEIPTS		1 File/s Uploaded
DOCTOR'S PRESCRIPTION		No File/s Uploaded
ALL APPLICABLE LABORATORY RESULTS		No File/s Uploaded
RECORD OF OPERATION OR TREATMENT IF ANY		No File/s Uploaded
CERTIFICATION FROM EMPLOYER		No File/s Uploaded
VALID IDENTIFICATION DOCUMENT OF INSURED		No File/s Uploaded

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

CERTIFICATE OF EMPLOYMENT OF THE LIFE INSURED		No File/s Uploaded
POLICE REPORT		No File/s Uploaded
COPY OF DRIVER'S LICENSE		No File/s Uploaded

Back **Preview** **Submit**

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.**

TERMS AND CONDITIONS ×

A. Attestation that information provided is true and correct (false information will invalidate your application or may be cause for denial of claims)

In my capacity as beneficiary of the Policy (or trustee of the minor beneficiary), I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment, results and prognosis, with respect to the physical or mental examination or condition of the insured **Dela cruz, Juan Salonga** to give to GENERALI LIFE ASSURANCE PHILIPPINES, INC., (GLAPI) or its legal representative, any and all information, or any other information or record it may need to process the claim on the deceased life insured.

The authority herein given pertains to all records containing medical or non-medical data including, but not limited to, mental and dental care, drug or alcohol use, prescribed drugs, information about communicable diseases, and any employment and insurance coverage information.

I agree to the collecting, processing, sharing, analysis, verification of my data, as well as, for risk management purposes to be submitted in this platform. More so, I consent Generali Philippines (GLAPI) to send me updates on their products and services as deemed necessary. To read our privacy, [click here](#).

Cancel **Agree**

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

TERMS AND CONDITIONS ×

A. Attestation that information provided is true and correct (false information will invalidate your application or may be cause for denial of claims)

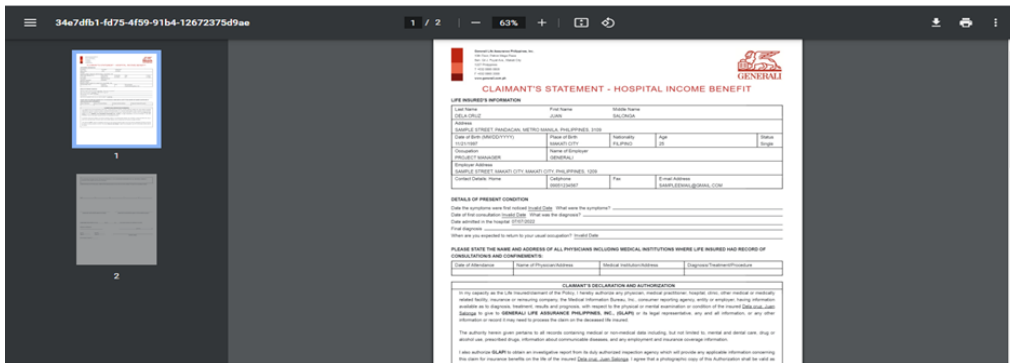
In my capacity as beneficiary of the Policy (or trustee of the minor beneficiary), I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment, results and prognosis, with respect to the physical or mental examination or condition of the insured **Dela cruz, Juan Salonga** to give to GENERALI LIFE ASSURANCE PHILIPPINES, INC., (GLAPI) or its legal representative, any and all information, or any other information or record it may need to process the claim on the deceased life insured.

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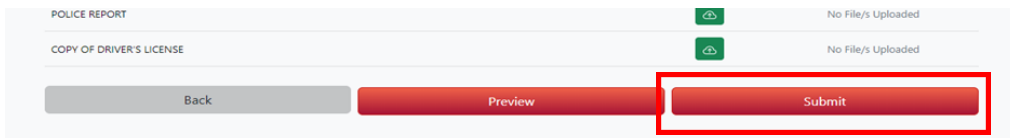
I agree to the collecting, processing, sharing, analysis, verification of my data, as well as, for risk management purposes to be submitted in this platform. More so, I consent Generali Philippines (GLAPI) to send me updates on their products and services as deemed necessary. To read our privacy, [click here](#).

Cancel **Agree**

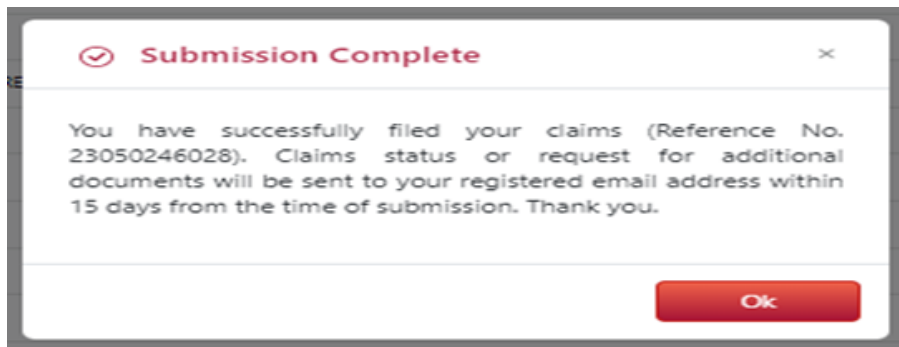
Upon clicking the **AGREE**, the PDF form will open on the new tab and available for preview, print and download.



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

 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.

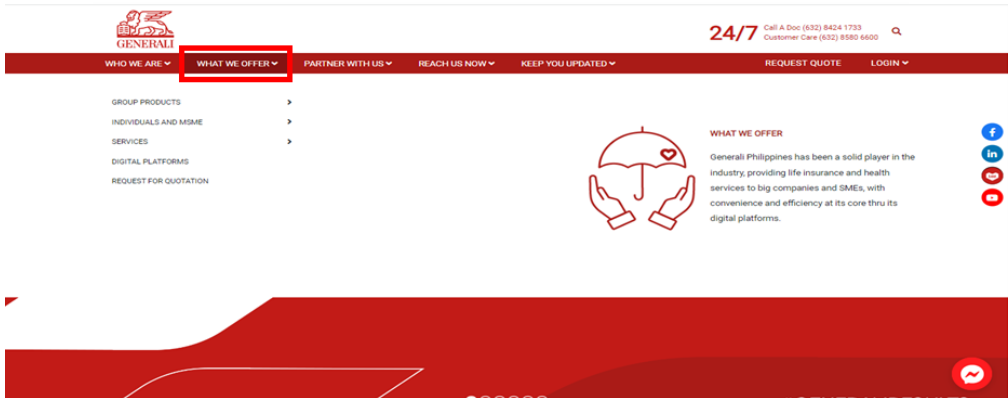
Should you have further inquiries or questions, you may reach us out at glapi-claims-dept-life@generali.com.ph. Please use the subject INQUIRY: <COMPANY NAME> x <FULL NAME OF INSURED MEMBER>

Thank you.

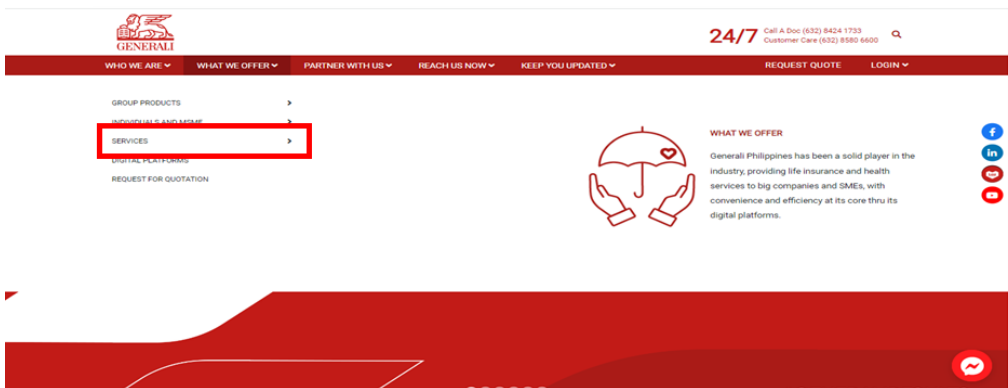


04 How to File a Critical Illness Claim

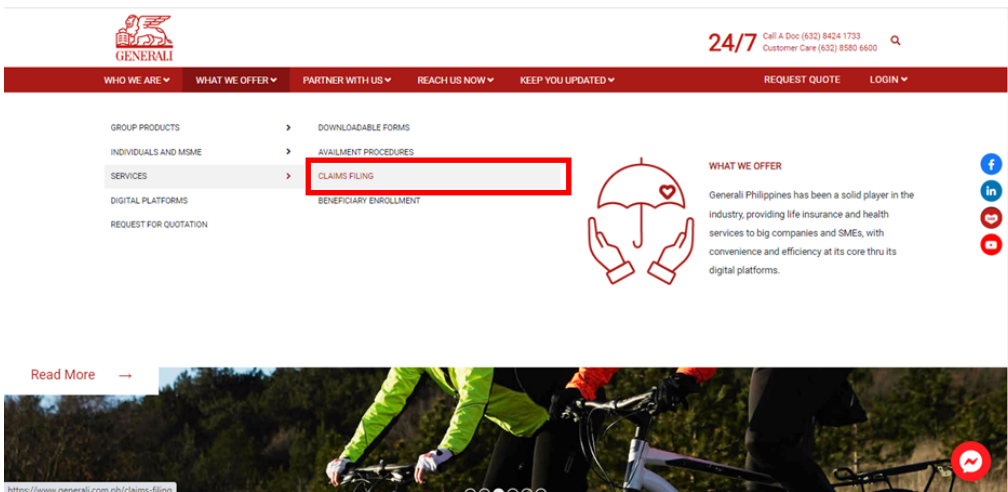
On the Generali website <https://www.generali.com.ph/>, hover on **“WHAT WE OFFER”**



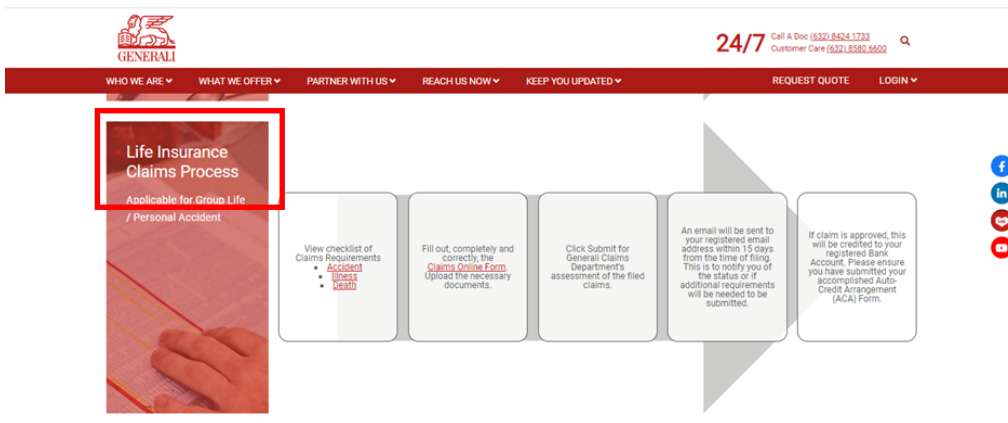
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



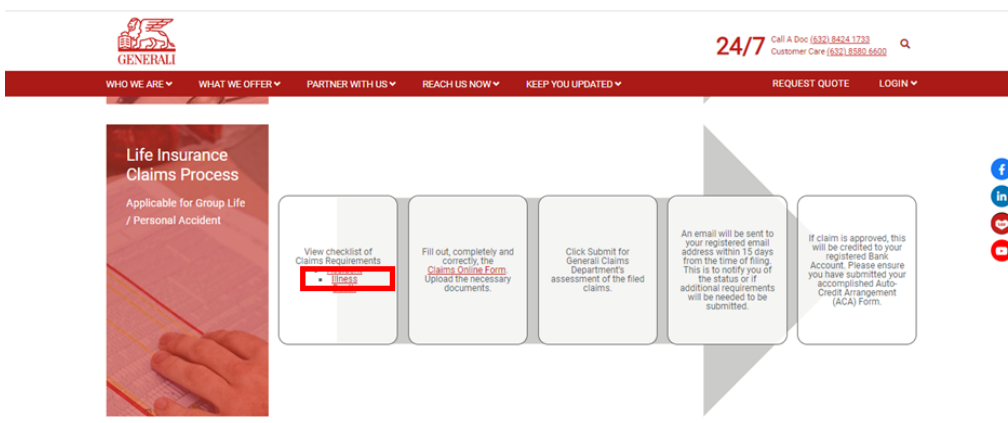
Click **“CLAIMS FILING”** upon hovering on **“SERVICES”**.



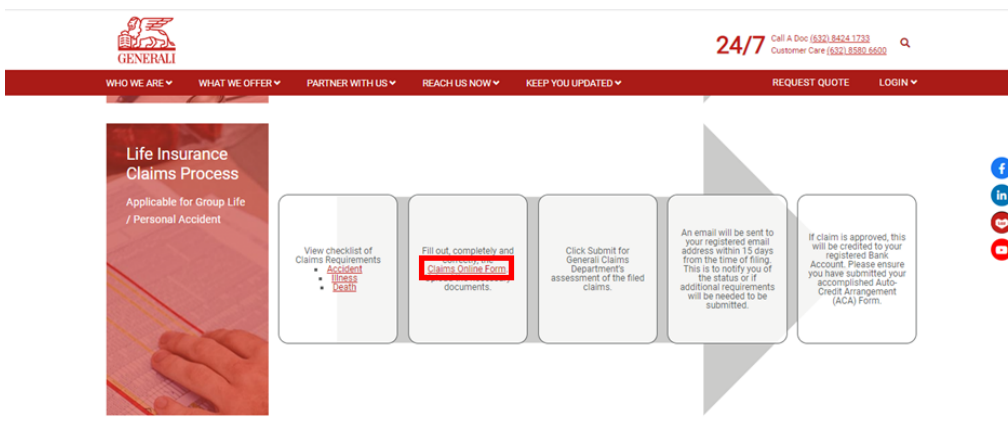
Scroll to "LIFE INSURANCE CLAIMS PROCESS"



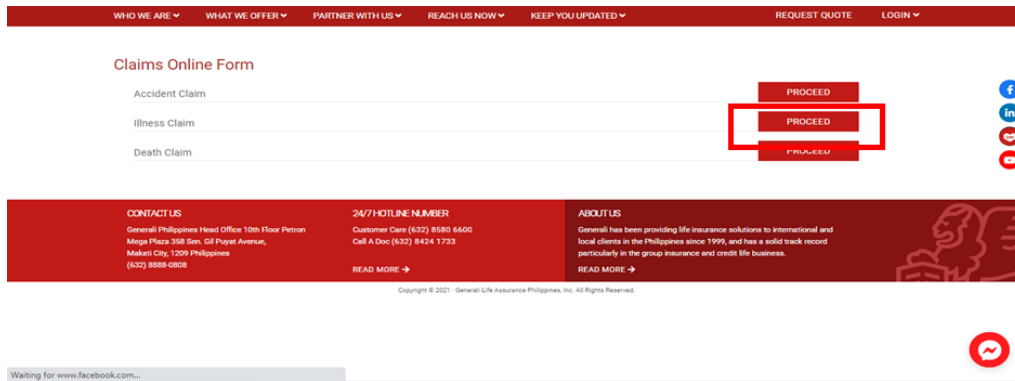
On "LIFE INSURANCE CLAIMS PROCESS", click "ILLNESS" to preview, print, and download the Illness Claim Requirements in PDF format.



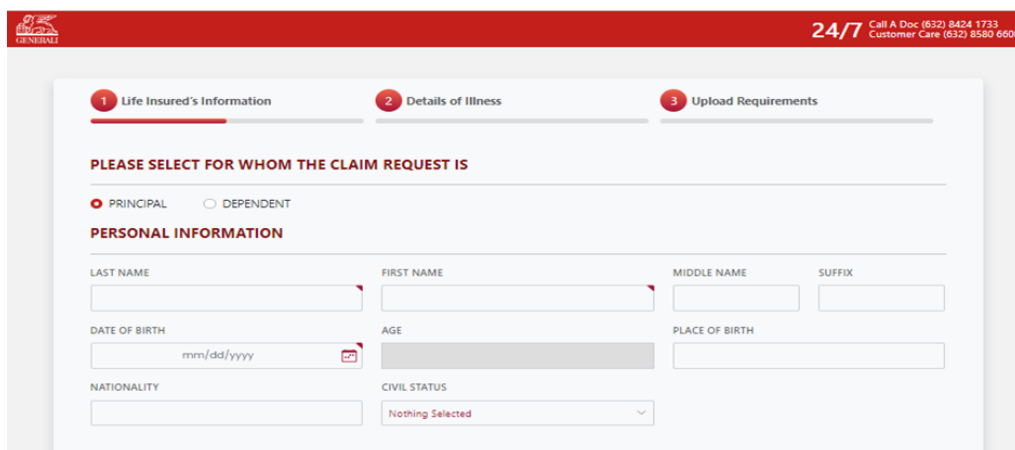
Still on "LIFE INSURANCE CLAIMS PROCESS", click "CLAIMS ONLINE FORM"



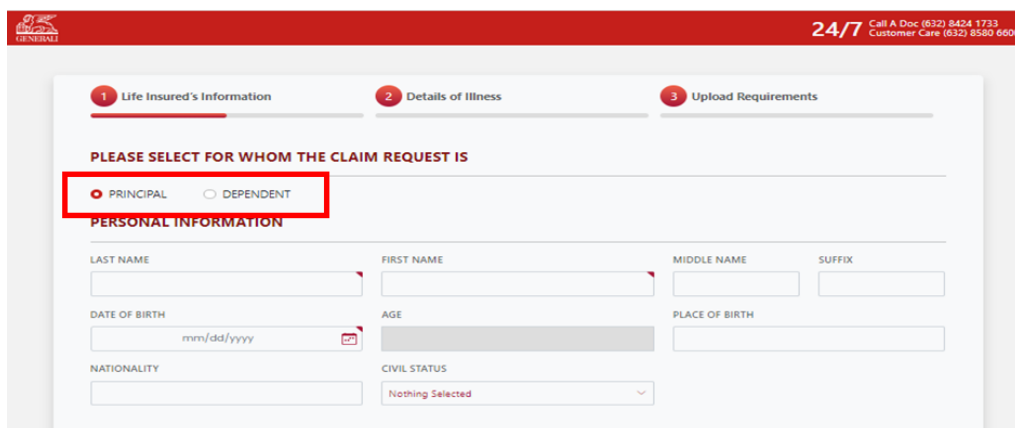
Upon clicking on **“CLAIMS ONLINE FORM”**, click **“PROCEED”** under illness to file **Illness Claim**.



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”**.

24/7 Call A Doc (632) 8424 1733
Customer Care (632) 8590 6600

1 Life Insured's Information 2 Details of Illness 3 Upload Requirements

PLEASE SELECT FOR WHOM THE CLAIM REQUEST IS

PRINCIPAL DEPENDENT

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
DELA CRUZ	JUAN		
DATE OF BIRTH	AGE	PLACE OF BIRTH	
11/21/1997	25	MAKATI CITY	
NATIONALITY	CIVIL STATUS		
FILIPINO	Single		

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

RESIDENCE ADDRESS

STREET ADDRESS	COUNTRY	
SAMPLE ST.	PHILIPPINES	
CITY	PROVINCE	ZIP CODE
MAKATI CITY	MAKATI CITY	3109

EMPLOYMENT DETAILS

OCCUPATION	NAME OF EMPLOYER	
PROJECT MANAGER	GENERALI	
STREET ADDRESS	COUNTRY	
MAKATI	PHILIPPINES	
CITY	PROVINCE	ZIP CODE
MAKATI CITY	MAKATI CITY	3109

CONTACT DETAILS

HOME	MOBILE NUMBER
	09051212343
EMAIL ADDRESS	
JCSGALANG@GENERALI.COM.PH	
ID TYPE	ID NUMBER
TIN ID	78547868700

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

PAYMENT INFORMATION

ACCOUNT NAME: JUAN DELA CRUZ ACCOUNT NUMBER: 0000025342567

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

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

PAYMENT INFORMATION

ACCOUNT NAME: JUAN DELA CRUZ ACCOUNT NUMBER: 0000025342567

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Next

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

PAYMENT INFORMATION

ACCOUNT NAME: JUAN DELA CRUZ ACCOUNT NUMBER: 0000025342567

TYPE OF ACCOUNT: Savings OTHER TYPE OF ACCOUNT: Others BANK NAME: SECURITY BANK OTHER BANK NAME: Others

BANK LOCATION: MAKATI

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Next

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

The screenshot shows the top navigation bar with the logo on the left and '24/7 Call A Doc (632) 8424 1733 Customer Care (632) 8580 6600' on the right. Below the navigation bar are three tabs: '1 Life Insured's Information', '2 Details of Illness', and '3 Upload Requirements'. The '2 Details of Illness' tab is highlighted with a red box. The main content area is titled 'DETAILS OF ILLNESS' and contains several input fields: 'DATE THE SYMPTOMS WERE FIRST NOTICED' (placeholder: mm/dd/yyyy), 'WHAT WERE THE SYMPTOMS?', 'DATE OF FIRST CONSULTATION' (placeholder: mm/dd/yyyy), 'WHAT WAS THE DIAGNOSIS?', and a checkbox for 'Claim is due to Dread Disease Benefit'. At the bottom are 'Back' and 'Next' buttons.

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

This screenshot shows the same 'DETAILS OF ILLNESS' form, but with sample data entered into the fields. The 'DATE THE SYMPTOMS WERE FIRST NOTICED' field contains '04/20/2022', 'WHAT WERE THE SYMPTOMS?' contains 'SAMPLE', 'DATE OF FIRST CONSULTATION' contains '04/25/2022', and 'WHAT WAS THE DIAGNOSIS?' contains 'SAMPLE'. The 'Claim is due to Dread Disease Benefit' checkbox is still unchecked. The 'Back' and 'Next' buttons are visible at the bottom.

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.

This screenshot shows the 'DETAILS OF ILLNESS' form with the 'Claim is due to Dread Disease Benefit' checkbox checked. Below this, there are additional fields: 'DATE THE DIAGNOSIS OF THE DISEASE WAS FIRST MADE' (placeholder: mm/dd/yyyy) with '04/20/2022' entered, 'NAME OF THE DOCTOR' with 'MARITA PALLARCA' entered, and 'WHAT IS THE NATURE OF DREAD DISEASE YOU ARE CLAIMING FOR?' with 'SAMPLE' entered. The 'Back' and 'Next' buttons are at the bottom.

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

Claim is due to Dread Disease Benefit

DATE THE DIAGNOSIS OF THE DISEASE WAS FIRST MADE

04/20/2022

NAME OF THE DOCTOR

MARITA PALLARCA

WHAT IS THE NATURE OF DREAD DISEASE YOU ARE CLAIMING FOR?

SAMPLE

Back Next

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

Life Insured's Information Details of Illness **3** Upload Requirements

UPLOAD REQUIREMENTS

Requirement/s	Upload	No. of Files Uploaded
DOCTOR'S PRESCRIPTION/RX		No File/s Uploaded
ATTENDING PHYSICIAN'S STATEMENT/S		No File/s Uploaded
ADMITTING HISTORY OR MEDICAL ABSTRACT		No File/s Uploaded
ALL APPLICABLE LABORATORY RESULTS		No File/s Uploaded
RECORD OF OPERATION OR TREATMENT IF ANY		No File/s Uploaded
CERTIFICATION OF EMPLOYMENT OF THE LIFE INSURED		No File/s Uploaded
VALID IDENTIFICATION DOCUMENT OF INSURED		No File/s Uploaded
SAMPLE DESCRIPTION 3		No File/s Uploaded
AFFIDAVIT OF TWO DISINTERESTED PERSONS		No File/s Uploaded
HISTORATHOLOGY REPORT		No File/s Uploaded
DISCHARGE SUMMARY		No File/s Uploaded
HISTORATH REPORT		No File/s Uploaded
ADMITTING HISTORY OR MEDICAL ABSTRACT 2		No File/s Uploaded

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

Life Insured's Information Details of Illness **3** Upload Requirements

UPLOAD REQUIREMENTS

Requirement/s	Upload	No. of Files Uploaded
DOCTOR'S PRESCRIPTION/RX		1 File/s Uploaded
ATTENDING PHYSICIAN'S STATEMENT/S		No File/s Uploaded
ADMITTING HISTORY OR MEDICAL ABSTRACT		No File/s Uploaded
ALL APPLICABLE LABORATORY RESULTS		No File/s Uploaded
RECORD OF OPERATION OR TREATMENT IF ANY		No File/s Uploaded
CERTIFICATION OF EMPLOYMENT OF THE LIFE INSURED		No File/s Uploaded
VALID IDENTIFICATION DOCUMENT OF INSURED		No File/s Uploaded
SAMPLE DESCRIPTION 3		No File/s Uploaded

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

CERTIFICATE OF EMPLOYMENT OF THE LIFE INSURED		No File/s Uploaded
POLICE REPORT		No File/s Uploaded
COPY OF DRIVER'S LICENSE		No File/s Uploaded

Back **Preview** **Submit**

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.**

TERMS AND CONDITIONS ×

A. Attestation that information provided is true and correct (false information will invalidate your application or may be cause for denial of claims)

In my capacity as beneficiary of the Policy (or trustee of the minor beneficiary), I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment, results and prognosis, with respect to the physical or mental examination or condition of the insured **Dela cruz, Juan Salonga** to give to GENERALI LIFE ASSURANCE PHILIPPINES, INC., (GLAPI) or its legal representative, any and all information, or any other information or record it may need to process the claim on the deceased life insured.

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Cancel **Agree**

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

TERMS AND CONDITIONS ×

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Cancel **Agree**

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

Generali Life Insurance Philippines, Inc.
100 First Avenue Magway Plaza
8th Floor, Taguig City, Makati City
1027 Philippines
T: +632 886 8888
F: +632 886 1000
www.generalilife.com.ph

CLAIMANT'S STATEMENT - TERMINAL ILLNESS

LIFE INSURED'S INFORMATION

Last Name	First Name	Middle Name		
DELA CRUZ	JUAN			
Address				
SAMPLE ST., MAKATI CITY, MAKATI CITY, PHILIPPINES, 3109				
Date of Birth (MM/DD/YYYY)	Place of Birth	Nationality	Age	Status
11/21/1997	MAKATI CITY	FILIPINO	25	Single
Occupation	Name of Employer			
PROJECT MANAGER	GENERALI			
Employer Address				
MAKATI, MAKATI CITY, MAKATI CITY, PHILIPPINES, 3109				
Contact Details: Home	Cellphone	Fax	E-mail Address	
	09091212343		JCSGALANO@GENERALI.COM.PH	

DETAILS OF ILLNESS

Date the symptoms were first noticed: 04/20/2022. What were the symptoms? SAMPLE

Date of first consultation: 04/20/2022. What was the diagnosis? SAMPLE

Date the diagnosis of the disease was first made: 04/20/2022

Name of the doctor: MARITA PALLARCA

After reviewing the information on the PDF, click **“SUBMIT”**.

POLICE REPORT No File/s Uploaded

COPY OF DRIVER'S LICENSE No File/s Uploaded



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







Submission Complete

You have successfully filed your claims (Reference No. 23050246028). Claims status or request for additional documents will be sent to your registered email address within 15 days from the time of submission. Thank you.

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

 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.

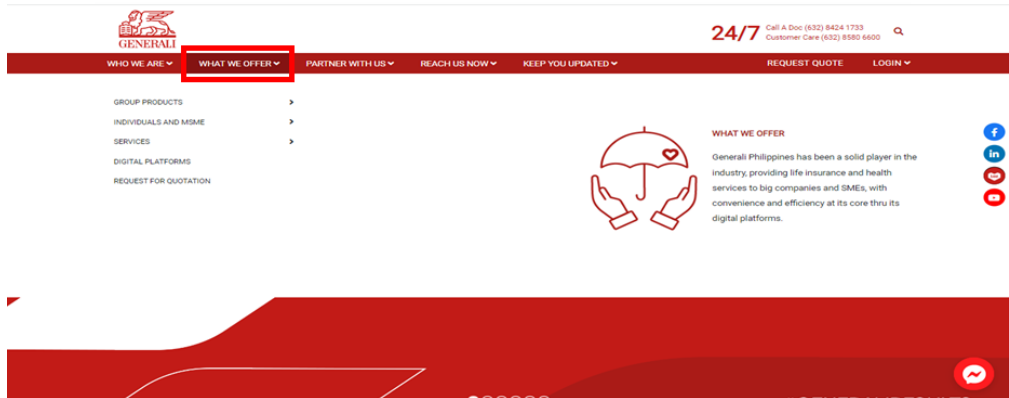
Should you have further inquiries or questions, you may reach us out at glapi-claims-dept-life@generali.com.ph. Please use the subject INQUIRY: <COMPANY NAME> x <FULL NAME OF INSURED MEMBER>

Thank you.

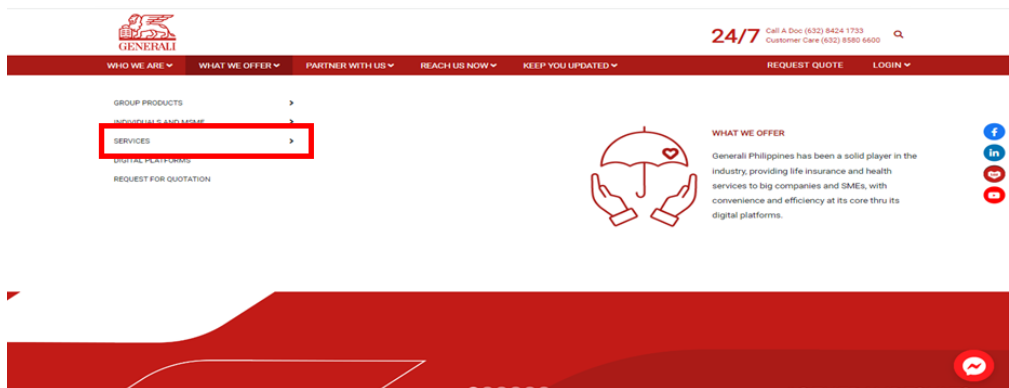


05 How to File a Credit Life Claim

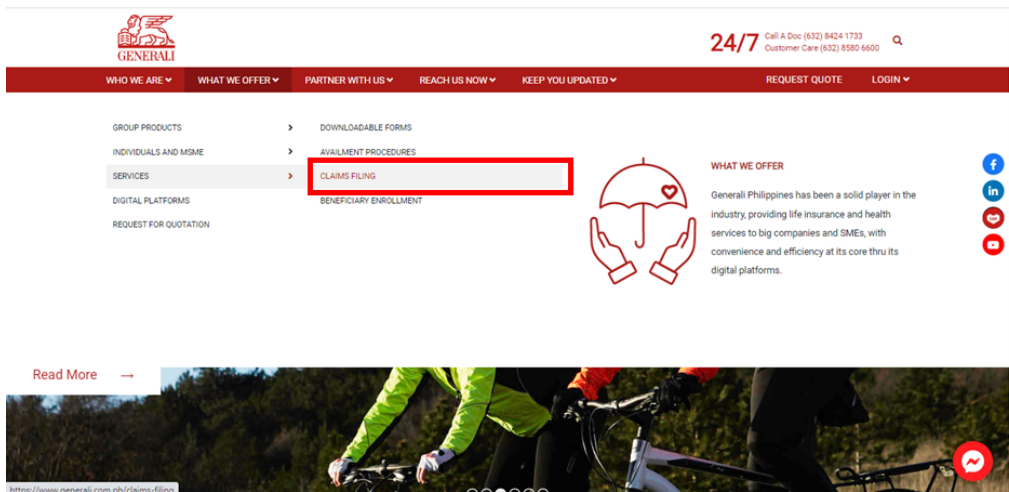
On the Generali website <https://www.generali.com.ph/>, hover on **“WHAT WE OFFER”**



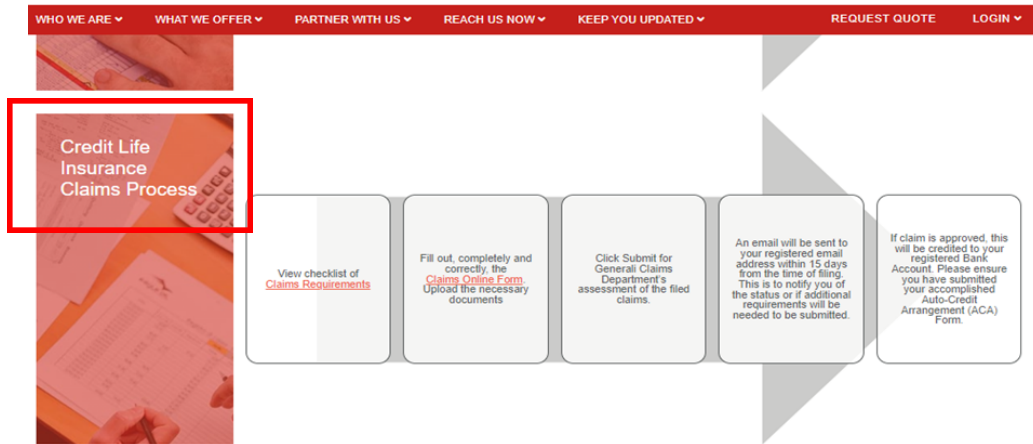
Click **“SERVICES”**, upon hovering on **“WHAT WE OFFER”**



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



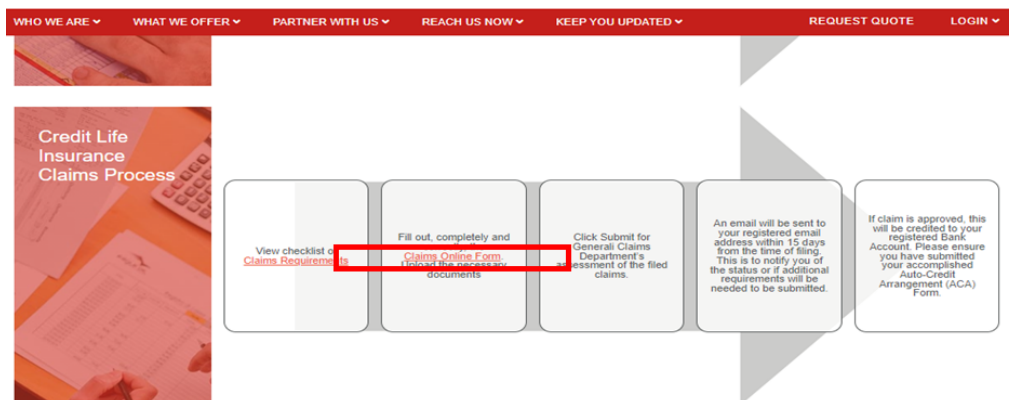
Scroll to "CREDIT LIFE INSURANCE CLAIMS PROCESS".



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**.

The screenshot shows the 'PERSONAL INFORMATION' section of the 'Life Insured's Information' step. It contains the following fields:

LAST NAME DELA CRUZ	FIRST NAME JUAN	MIDDLE NAME	SUFFIX
DATE OF BIRTH 11/21/1997	AGE 25	PLACE OF BIRTH	
NATIONALITY	CIVIL STATUS Married	GENDER Male	
DATE OF LOSS 05/02/2022	CAUSE OF DEATH CANCER	PLACE OF DEATH MANILA	

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

This screenshot is identical to the previous one, but a red rectangular box highlights the **PERSONAL INFORMATION** section header.

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

The screenshot shows the 'RESIDENCE ADDRESS' and 'EMPLOYMENT DETAILS' sections. The 'RESIDENCE ADDRESS' section includes:

STREET ADDRESS SAMPLE	COUNTRY PHILIPPINES
CITY PANDACAN	PROVINCE METRO MANILA
ZIP CODE 3109	

The 'EMPLOYMENT DETAILS' section includes:

OCCUPATION PROJECT MANAGER	NAME OF EMPLOYER GENERALI
STREET ADDRESS SAMPLE	COUNTRY PHILIPPINES
CITY MAKATI CITY	PROVINCE MAKATI CITY
ZIP CODE 3109	

A red 'Next' button is located at the bottom of the form.

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

The screenshot shows a three-step navigation bar at the top: 1. Life Insured's Information, 2. Claimant's Information (highlighted with a red box), and 3. Upload Requirements. Below the navigation bar is the 'PERSONAL INFORMATION' section with the following fields:

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DATE OF BIRTH <small>mm/dd/yyyy</small>	AGE	PLACE OF BIRTH	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
NATIONALITY	CIVIL STATUS	GENDER	
<input type="text"/>	<input type="text" value="Nothing Selected"/>	<input type="text" value="Nothing Selected"/>	
RELATIONSHIP TO THE LIFE INSURED	ID TYPE	ID NUMBER	
<input type="text"/>	<input type="text" value="Nothing Selected"/>	<input type="text"/>	

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

The screenshot shows the same three-step navigation bar. The 'PERSONAL INFORMATION' section is now filled with the following data:

LAST NAME	FIRST NAME	MIDDLE NAME	SUFFIX
DALA CRUZ	JUANA		
DATE OF BIRTH <small>11/21/1997</small>	AGE 25	PLACE OF BIRTH	
NATIONALITY FILIPINO	CIVIL STATUS Married	GENDER Female	
RELATIONSHIP TO THE LIFE INSURED WIFE	ID TYPE UMID ID	ID NUMBER 898687787	

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

The screenshot shows two sections: 'RESIDENCE ADDRESS' and 'CONTACT DETAILS'. The 'RESIDENCE ADDRESS' section contains:

STREET ADDRESS	COUNTRY	
SAMPLE	PHILIPPINES	
CITY	PROVINCE	ZIP CODE
PANDACAN	METRO MANILA	3109

The 'CONTACT DETAILS' section contains:

HOME	OFFICE	MOBILE NUMBER
<input type="text"/>	<input type="text"/>	09051234567
EMAIL ADDRESS		
JCSGALANG@GENERALI.COM.PH		

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

Requirement/s	Upload	No. of Files Uploaded
PROOF OF BANK ACCOUNT		1 File/s Uploaded

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

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Back Next

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

For us to proceed with the enrolment of your bank account, please read the GLAPI Privacy Consent Statement. By ticking this box and clicking the submit button below, you hereby agree to and accept the terms of GLAPI Privacy Consent Statement.

Back Next

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

The screenshot shows the 'Upload Requirements' page with three navigation tabs: 'Life Insured's Information', 'Claimant's Information', and 'Upload Requirements'. The 'Upload Requirements' tab is highlighted with a red box. Below the tabs is a table with the following data:

Requirement/s	Upload	No. of Files Uploaded
DOCTOR'S PRESCRIPTION/RX		No File/s Uploaded
ATTENDING PHYSICIAN'S STATEMENT – DEATH CLAIM FORM		No File/s Uploaded
VALID ID OF BENEFICIARY		No File/s Uploaded
CTC OF DEATH CERTIFICATE		No File/s Uploaded
CERTIFICATE OF EMPLOYMENT		No File/s Uploaded
PROOF OF RELATIONSHIP OF BENEFICIARY TO THE INSURED		No File/s Uploaded
BENEFICIARY'S PROOF OF BANK ACCOUNT		No File/s Uploaded
AFFIDAVIT OF TWO DISINTERESTED PERSONS		No File/s Uploaded
DISCHARGE SUMMARY		No File/s Uploaded
HISTOPATH REPORT		No File/s Uploaded
SAMPLE DESCRIPTION 4		No File/s Uploaded

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

The screenshot shows the 'Upload Requirements' page with a red box highlighting the table content. The table is identical to the one in the previous screenshot:

Requirement/s	Upload	No. of Files Uploaded
DOCTOR'S PRESCRIPTION/RX		No File/s Uploaded
ATTENDING PHYSICIAN'S STATEMENT – DEATH CLAIM FORM		No File/s Uploaded
VALID ID OF BENEFICIARY		No File/s Uploaded
CTC OF DEATH CERTIFICATE		No File/s Uploaded
CERTIFICATE OF EMPLOYMENT		No File/s Uploaded
PROOF OF RELATIONSHIP OF BENEFICIARY TO THE INSURED		No File/s Uploaded
BENEFICIARY'S PROOF OF BANK ACCOUNT		No File/s Uploaded
AFFIDAVIT OF TWO DISINTERESTED PERSONS		No File/s Uploaded
DISCHARGE SUMMARY		No File/s Uploaded
HISTOPATH REPORT		No File/s Uploaded
SAMPLE DESCRIPTION 4		No File/s Uploaded

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

The screenshot shows the bottom part of the 'Upload Requirements' page. It displays the last three rows of the table and three buttons: 'Back', 'Preview', and 'Submit'. The 'Preview' button is highlighted in red.

DISCHARGE SUMMARY		No File/s Uploaded
HISTOPATH REPORT		No File/s Uploaded
SAMPLE DESCRIPTION 4		No File/s Uploaded

Back Preview Submit

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.**

TERMS AND CONDITIONS

A. Attestation that information provided is true and correct (false information will invalidate your application or may be cause for denial of claims)
 In my capacity as beneficiary of the Policy (or trustee of the minor beneficiary), I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment, results and prognosis, with respect to the physical or mental examination or condition of the insured **De la cruz, Juan Salonga** to give to GENERALI LIFE ASSURANCE PHILIPPINES, INC., (GLAPI) or its legal representative, any and all information, or any other information or record it may need to process the claim on the deceased life insured.

The authority herein given pertains to all records containing medical or non-medical data including, but not limited to, mental and dental care, drug or alcohol use, prescribed drugs, information about communicable diseases, and any employment and insurance coverage information.

I agree to the collecting, processing, sharing, analysis, verification of my data, as well as, for risk management purposes to be submitted in this platform. More so, I consent Generali Philippines (GLAPI) to send me updates on their products and services as deemed necessary. To read our privacy, [click here](#).

Cancel Agree

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

TERMS AND CONDITIONS

A. Attestation that information provided is true and correct (false information will invalidate your application or may be cause for denial of claims)
 In my capacity as beneficiary of the Policy (or trustee of the minor beneficiary), I hereby authorize any physician, medical practitioner, hospital, clinic, other medical or medically related facility, insurance or reinsuring company, the Medical Information Bureau, Inc., consumer reporting agency, entity or employer, having information available as to diagnosis, treatment, results and prognosis, with respect to the physical or mental examination or condition of the insured **De la cruz, Juan Salonga** to give to GENERALI LIFE ASSURANCE PHILIPPINES, INC., (GLAPI) or its legal representative, any and all information, or any other information or record it may need to process the claim on the deceased life insured.

The authority herein given pertains to all records containing medical or non-medical data including, but not limited to, mental and dental care, drug or alcohol use, prescribed drugs, information about communicable diseases, and any employment and insurance coverage information.

I agree to the collecting, processing, sharing, analysis, verification of my data, as well as, for risk management purposes to be submitted in this platform. More so, I consent Generali Philippines (GLAPI) to send me updates on their products and services as deemed necessary. To read our privacy, [click here](#).

Cancel Agree

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

51419d46-763e-42e2-a1ed-cd8414fe7bfd 1 / 2 100%

General Life Assurance Philippines, Inc.
 10th Floor, Pateros Village Plaza
 Bldg. 02-2 Pateros Ave., Pateros City
 1227 Philippines
 T +632 8880 3388
 F +632 8880 3389
 www.generalilife.com.ph

CLAIMANT'S STATEMENT - DEATH CLAIM

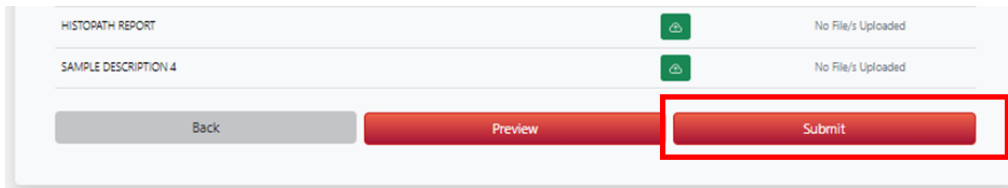
LIFE INSURED'S INFORMATION

Last Name DELA CRUZ		First Name JUAN		Middle Name	
Address SAMPLE, PANDACAN, METRO MANILA, PHILIPPINES, 3109					
Date of Birth (MM/DD/YYYY) 11/21/1997	Place of Birth	Nationality	Age 25	Status Married	
Occupation PROJECT MANAGER	Name of Employer GENERALI				
Employer Address SAMPLE, MAKATI CITY, MAKATI CITY, PHILIPPINES, 3109					
Date of Death 05/02/2022	Place of Death MANILA				
Cause of Death CANCER					

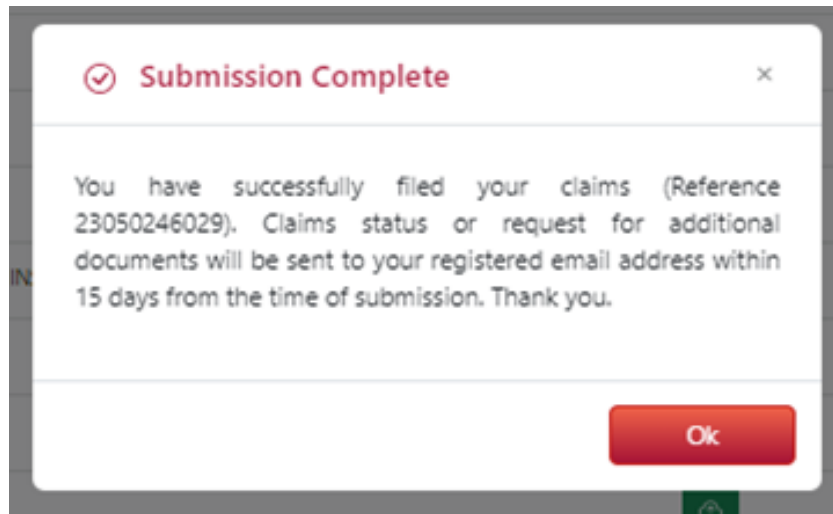
PLEASE STATE THE NAME AND ADDRESS OF ALL PHYSICIANS INCLUDING MEDICAL INSTITUTIONS WHERE LIFE INSURED HAD RECORD OF CONSULTATIONS AND CONFINEMENTS:

Date of Attendance	Name of Physician/Address	Medical Institution/Address	Diagnosis/Treatment/Procedure

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.

