Penthouse, Morning Star Center Building
347 Sen Gil Puyat Ave., Ext. Makati City Tel No. 890-4051-57 Fax 8973588
www.philbritish.com
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PERSONAL ACCIDENT CLAIM

General Requirements

Photocopy of Insurance Policy

1. Photocopy of Official Receipt (OR) of premium payment
2. Accident Report form
3. Original copy of Medical Certificate
4. Original copy of medical receipts and its prescription
5. Statement of Account issued by the hospital
6. Result of X-ray, CT Scan and laboratories

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