

**REQUIREMENT CHECKLIST FOR MEDICAL REIMBURSEMENT (MR) CLAIM**

- ( / ) **Insured's Statement Form** (form provided as attached)
  - If the insured is a minor, form must be duly signed by the parent or guardian. Please indicate the name and relationship to the insured. Copy of the Parent / Guardian's valid ID
- ( / ) **Physician's Statement Form** (form provided as attached)
- ( / ) **Incident Report**
  - Prepared by the School Principal, Parent or Guardian or any witnesses to the accident, if cause of the the claim is an accident
  - **In case of Vehicular Accident / Medico-legal case**
    - ◆ Original or Certified True Copy of Traffic Investigation Report/Police Report
    - ◆ Copy of the Driver's License ( If the insured is the driver )
- ( / ) **Original Official Receipts**
  - Breakdown of amount and Full Descriptions of items used (Medicines and Supplies )
  - Prescription made by the Doctor
- ( / ) **Medical Records and Statement of Account ( for cases of confinement )**
- ( / ) **Photocopy of Policy Contract / Certificate of Cover for Group Insurance, if available**

The release of our claim forms and the request for further information and documents does not necessarily mean that Fortune Life Insurance Company, Inc. is accepting liability under this policy. The company reserves the right to evaluate the claim based on its own merits.

**Note : Please accomplish the below portion if the payee of the claim is other than the Account. Please provide a copy of valid ID's of both Payee and Account's Representative. *A valid payee must be the account's representative or the parent of the insured only.***

INSURED: \_\_\_\_\_ ACCOUNT: \_\_\_\_\_

PAYEE: \_\_\_\_\_ RELATION TO THE INSURED : \_\_\_\_\_

REASON FOR CHANGE OF PAYEE : \_\_\_\_\_

\_\_\_\_\_  
Account 's Representative / Principal / Manager  
( Signature over Printed Name )

**TO : CLAIMS DEPARTMENT** **DATE :** \_\_\_\_\_

**FROM :** \_\_\_\_\_  
Branch Cashier Branch Manager

Sending claim forms with check marks on \_\_\_\_\_  
Insured's Name

Thank you.

Dear Mr. / Ms. \_\_\_\_\_

We hereby acknowledge receipt of your claim documents for Policyholder \_\_\_\_\_  
which we received today \_\_\_\_\_. Please call us on/or after \_\_\_\_\_  
\_\_\_\_\_ for update/s on your claim. Thank you.

\_\_\_\_\_  
Claims Dept. / Branch Cashier

Tel Nos.: 892-9841 to 49 loc. 113 / 114 / 174 / Telefax No.: 812-27-03; Direct Line: 668-0086; 734-8696

**ANTI FRAUD WARNING / PAALALA:**

**"Section 251 of the Insurance Code, as amended, imposes a fine not exceeding twice the amount claimed and/or imprisonment of two (2) years, or both, at the discretion of the court, to any person who presents or causes to be presented any fraudulent claim for the payment of a loss under a contract of insurance and who fraudulently prepares, makes or subscribes any writing with intent to present or use the same, or to allow it to be presented in support of any claim."**