9th Floor Allied Bank Center 6754 Ayala Avenue corner Legaspi St., Makati City Tel. No. +63 2 818-5433 • TIN 204-145-589-000



PROOF OF COVER

Policyholder:

The Hong Kong Shanghai Banking Corporation Limited

Master Policy Number:

600 004 403

Premium 0.69% of the Total Outstanding Balance per month	
<system generated=""></system>	Please refer to Termination provision.
Effective Date	Expiry Date
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Insured Debtor	
<system generated=""></system>	
Document Number	

Allianz PNB Life Insurance, Inc. will pay the following insurance benefits as stated in the terms and conditions of the Policy while in full force and effect:

Benefit	Sum Assured
Death Benefit*	Equal to Total Outstanding Balance
Critical Illness Accelerated Benefit*	Equal to Total Outstanding Balance
Total and Permanent Disability Accelerated Benefit*	Equal to Total Outstanding Balance
Total and Temporary Disability Accelerated Benefit**	Equal to 10% of the Total Outstanding Balance
Life Events Benefit	Equal to Minimum Due
No Claim Bonus***	Twenty percent (20%) of the Total Premiums Paid in the last twenty-four (24) months

^{*} Total amount of insurance for these benefits shall not exceed Php 1,000,000 for any Insured Debtor ** Total amount of insurance for this benefit shall not exceed Php 100,000 for any Insured Debtor *** Provided no claim was made the last 24 months

Total Outstanding Balance for the month is the total of the following:

- Billed straight and installment purchases
- Unbilled straight and installment purchases
- Interest, fees and charges
- Billed and unbilled straight and installment purchases made by supplementary cardholder of the principal cardholder, interest, fees and charges, if any.

Total Outstanding Balance to be paid out for an Insured Debtor's claim is the Total Outstanding Balance on the date of the occurrence of the event that leads to a claim.

Minimum Due for the month is the total of the following:

- 4% of the current billed balances (including cash advances and cash advance fees and charges, retail purchases, non-installment related fees and charges), or Php500, whichever is higher
- 100% of the fixed monthly amortization of installment transactions and installment related fees and charges
- Past Due installment amortization amount plus the corresponding full amount of finance charge incurred, if any
- Any other Past Due or over limit amount, whichever is higher



Notice of Claim

Written Notice of Claim must be given to the Company within thirty (30) days after the date of an accident causing the loss covered by this Policy, or as soon thereafter as is reasonably possible. In the event of Loss of Life, immediate notice thereof must be given to the Company. Such notice given by or in behalf of the Insured Member or beneficiary, to the Company or to any authorized representative of the Company with information sufficient to identify the Insured Member, shall be deemed notice to the Company.



Claim Forms

The Company upon receipt of a Notice of Claim will furnish to the claimant such forms as are usually furnished by it for filing Proof of Loss, Hospitalization, or $\label{thm:medical expenses Incurred} \mbox{Medical Expenses Incurred, as applicable. If such forms are not furnished by the}$ Company within fifteen (15) days after the giving of such notice, the claimant shall be deemed to have complied with the requirements of this Policy as to of Loss upon submitting within the time fixed in this Policy for filing of $Proof of Loss, written \ proof \ covering \ the \ occurrence, the \ character \ and \ extent \ of$ the loss for which claim is made. All documents, information and evidence, other than the usual claim forms, which the Company may reasonably require in support of a claim, shall be furnished by a claimant.



Proof of Loss, Hospitalization, or Medical Expenses Incurred

Completed claim forms, written Proof of Loss, records of hospitalization and official receipts for medical expenses incurred must be furnished to the Company within ninety (90) days after the date of such loss. Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time.



Beneficiary

Benefit is payable to the surviving beneficiary designated as such and filed with the Company. If more than one beneficiary is designated and no specification is made as to the respective interests of the beneficiaries, the beneficiaries shall share the proceeds equally. If no beneficiary is filed or if no beneficiary survives the insured, then the beneficiary shall be the first surviving class of the following classes of beneficiaries in this order of preference: the Insured Member's (1) widow or widower; (2) surviving children born to or legally adopted by the Insured Member; (3) surviving parents; (4) surviving brothers and sisters; (5) executors or administrators.



Availability of Master Group Policy

This Group Policy shall be kept in the main premises of and in the custody of an officer of the Policyholder and must be available to the Insured Member for inspection at any reasonable time upon presentation of Proof of Cover.



Important Notice

The Insurance Commission, with offices in Manila, Cebu and Davao, is the government office in charge of the enforcement of all laws related to insuran and has supervision over insurance companies. It is ready at all times to assist the general public in matters pertaining to insurance. For any inquiries or complaints please contact the Public Assistance and Mediation Division (PAMD) of the Insurance Commission at 1071 United Nations Avenue, Manila with telephone numbers +632-5238461 to 70 and email address publicassistance@insurance.gov.ph. The official website of the Insurance Commission is www.insurance.gov.ph.



Terms and Conditions

For more information, you may contact Allianz PNB Life at +632 818 HELP (4357) or send us an email at info@allianzpnblife.ph. You can also view the Terms and Conditions by visiting <weblink for T&C>.