PIONEER®
YOUR INSURANCE

CLAIM REQUIREMENTS FOR BDOI PET INSURANCE

1. Insured Pet Owner's Accidental Death and Disablement Benefit

DISABLEMENT CLAIM:
- Pet Insurance Claim Form (Part 1)
- Attending Physician's Statement Form (for Disablement Benefit)
- Medical Records (i.e., Admitting History and Discharge Summary)
- Insured's valid ID (must be government-issued, photo-bearing and with signature)

ACCIDENTAL DEATH CLAIM:
- Claimants/Beneficiaries Form
- Attending Physician's Statement Form (for Accidental Death Benefit)
- Original or Certified True Copy of the Registered Death Certificate
- Medical Records (i.e., Admitting History and Discharge Summary, Clinical Abstract, Operating Room Record)
- Insured's valid ID (must be government-issued, photo-bearing and with signature)
- Official Police Investigation Report Form

Supporting documents for the beneficiary/ies (proof of relationship):
- Marriage contract (if beneficiary is the Spouse of the Insured)
- Birth Certificate (if claimant is the child/ sibling of the Insured)
- Affidavit of Guardianship (for minor beneficiaries)

- Court-executed Letter of Guardianship and Guardian's bond will be required if the proceeds payable to a minor beneficiary will exceed Php500,000.00

Additional requirements for vehicular accidents:
- Driver's license
- Motorcycle Police Report Form (if loss was related to a motorcycle accident)

2. Pet Medical Reimbursement for Covered Accidental Injuries Benefit

a. Pet Insurance Claim Form (Parts 1 and 2)
b. Vaccination Certificate/Card
c. Attending Veterinarian's Statement and/or Medical Certificate stating the injury and the treatment or management provided
d. Diagnostic Test Results (i.e., laboratory or radiology report)
e. Surgical Record, if any
f. Official Receipts
g. Past Veterinary records (30-day waiting period)

3. Pet Medical Reimbursement for Covered Illnesses Benefit

a. Pet Insurance Claim Form (Parts 1 and 2)
b. Vaccination Certificate/Card
c. Attending Veterinarian's Statement and/or Medical Certificate stating the illness and the treatment or management provided
d. Diagnostic Test Results (i.e., laboratory or radiology report)
e. Surgical Record, if any
f. Official Receipts
g. Past Veterinary records (180-day waiting period)

4. Pet Owner's Liability

a. Pet Insurance Claim Form (Part 1)
b. Vaccination Certificate/Card - to confirm insured Pet's identity and age
c. Original Police Report or Barangay Report from where the incident occurred
d. If there are accidental bodily injuries to a Third Party (person or pet):
- official and original hospital bills and/or statement of account
- original official receipts
- full doctor's/veterinarian's report stating details of the injury treated, medicines prescribed and the services rendered

e. If there is accidental loss or damage to another person's property, all original and official receipts of payments made necessary to repair or replace the damaged or lost property
f. If there are legal fees incurred:
- Proof of payment for legal fees incurred for a lawsuit filed in defending the claim against the Insured Pet Owner and legal documentation showing that the services of a lawyer has been enlisted
- Proof of settlement for the actual damages awarded by a court of competent jurisdiction
- Final Order/Resolution and a Certificate of Finality showing that the decision is final and executory

g. Other documents deemed necessary by the Company to establish legality of the claim

5. Pet Acute Dental Conditions Benefit

a. Pet Insurance Claim Form (Parts 1 and 2)
b. Vaccination Certificate/Card
c. Attending Veterinarian's Statement and/or Medical Certificate stating the injury/illness and the treatment or management provided
d. Diagnostic Test Results (i.e., laboratory or radiology report)
e. Official Receipts
f. Past Veterinary records (90-day waiting period)

6. Pet Accidental Death or Essential Euthanasia Benefit

a. Pet Insurance Claim Form (Parts 1 and 2)
b. Vaccination Certificate/Card
c. Diagnostic Test Results - (i.e., laboratory or radiology report)
d. Certification from the Veterinarian confirming the Insured Pet's accidental death or essential euthanasia

7. Petnap Benefit

a. Pet Insurance Claim Form (Part 1)
b. Vaccination Certificate/Card
c. Original Police Report or Barangay Report from where the incident occurred

8. Pet International Travel Emergency Medical Treatment Benefit

a. Pet Insurance Claim Form (Parts 1 and 2)
b. Vaccination Certificate/Card
c. Attending Veterinarian's Statement and/or Medical Certificate
d. Diagnostic Test Results (i.e., laboratory or radiology report)
e. Surgical Record, if any
f. Official Receipts
g. Insured Pet's Travel requirements

PIONEER INSURANCE & SURETY CORPORATION
Pioneer House Makati, 108 Paseo de Roxas, Legazpi Village, Makati City 1229, Philippines
Tel: +63 2 8812 7777 or +63 2 7750 9999 ▪ Fax: +63 2 8817 1461 ▪ www.pioneer.com.ph