TRAVEL BUDDY CONFIRMATION OF COVER

STERLING INSURANCE COMPANY INC.

No. SICITB000000

Group Policy Holder: (Name of Travel Agency/Company)
Address: (Address of Travel Agency/Company)

Contact No: +632 84594757

This confirms that the person named below is insured under and subject to all terms, conditions, warranties and clauses of the above stated policy.

Issue Date: MM/DD/YYY
Insured Name: SURNAME, FIRSTNAME, MIDDLE NAME
Insured Address: _____
Beneficiaries: **Name** **Relationship**

Contact No.: 1234567890
Travel Date: MM/DD/YYYY to MM/DD/YYYY
Destination/s: _____
Coverage: Up to USD 50,000 (Medical Insurance)
Plan: PLATINUM
Package: INDIVIDUAL

Medical Expenses	Up to USD 50,000
First Medical cover (Pre-Existing and Chronic)	Up to USD 500
Follow up Care	Up to USD 7,000
Daily Hospital Income Benefits	USD 75/day (Up to 7 days)
Emergency and Accidental Dental Care	Up to USD 300
Medical Evacuation and Repatriation	Actual Cost
Repatriation of Mortal Remains	Actual Cost
Care of Minor	Actual expense for transportation and accommodation expenses max of US$ 1,000
Compassionate Visit	Actual expense for transportation and accommodation expenses max of US$ 1,000
Advance Bail Bond	Up to USD 500
Loss of Travel Documents	Up to USD 500
Damage to Laptop	Up to USD100 following an accidental injury of the insured
Trip Cancellation	Up to USD 1,500
Missed Connecting Flight	Up to USD 500
Delayed Departure – Flight Delays (minimum of 12hrs)	Up to USD 300
Trip Postponement	Up to USD 400
Trip Curtailment/Termination	Up to USD 400
Baggage Delay (minimum of 6 hrs)	Up to USD 250
Loss/Damage Baggage	Up to USD 800
Hijack distress allowance	USD 100/day, maximum of 7 days
Personal Liability	Up to 1000
Accidental Death	USD 40000
Total Permanent Disability	USD 40000
Unprovoked Murder and Assault	Covered
Burial Assistance	USD 500

Note: All benefits will be converted to Philippine Pesos at the time of claim.

*Total of benefits shown above shall not exceed medical limit of selected plan.

DOCUMENTARY STAMPS CLAUSE (DST)

Under pertinent regulations of the Bureau of Internal Revenue, liability for documentary stamp tax (DST) accrues upon issuance of the insurance policy. Hence, in the event of policy cancellation, liability for the DST subsists and the same shall be chargeable to the Assured. Under Pertinent regulations of the Bureau of Internal Revenue, liability for documentary stamp tax (DST) accrues upon issuance of the insurance policy. Hence, in the event of policy cancellation, liability for the DST subsists and the same shall be chargeable to the Assured.

IMPORTANT NOTICE: The Insurance Commissioner, with offices in Manila, Cebu and Davao is the government official in charge of the faithful execution and enforcement of all laws relating to insurance and has supervision over insurance companies. He is ready at all times to render assistance in settling any controversy between an insurance company and a policyholder relating to insurance matters.

GENERAL EXCLUSIONS

The Company in no case shall be liable for bodily injury caused by any of the following cases:

1. Willful act of the policyholder (if policy holder is a corporation, the policyholder hereunder means any of its directors or any organ of the corporation to execute its corporate duties) or the insured
2. Willful act of a person who is entitled to indemnity (if a corporation is entitled to indemnity, the person so entitled hereunder means any of its directors or any organ of the corporation to execute its corporate duties) but in case such person is entitled to a part of the loss of life indemnity, this exclusion does not apply to the amount which any other person is entitled to
3. Suicide or attempt thereat or criminal act of the insured, or act of aggressive violence initiated by the insured
4. Accident occurring while the insured is driving an automobile or a motor-bicycle without having qualification to drive it in accordance with the stature of the place where the insured drives or under the influence of alcohol, narcotic, hemp, opium, stimulant, thinner or the like, to the extent the insured may be incapable of controlling the vehicle
5. Sickness, AIDS, dental disease, brain disease or insanity of the insured
6. Pregnancy, childbirth, premature birth or miscarriage of the insured or medical or surgical treatment of the insured (except such as may be necessary solely by injuries against which the company will be liable to pay indemnity)
7. Execution of a sentence on the insured
8. War, military act of foreign nations, revolution, insurrection, civil war, armed rebellion or other similar disturbance or riot (for the purpose of this exclusion "riot" means the state of affairs in which national or local good order is seriously disturbed by collective action of a group or groups of persons, and in which a serious threat to peace and order is deemed to exist)
9. Radioactive, explosive or other hazardous nature of nuclear fuel materials (hereinafter including spent fuel) or properties contaminated by nuclear fuel materials (including products yielded in the process of nuclear fission) or any accident arising from such nature
10. Any accident incidental to exclusions stated in the preceding two subsections, or any accident arising out of the disturbance of good order incidental thereto; or
11. Nuclear radiation or radioactive contamination not included in section (9) above
12. The company in no case shall be liable for cervical syndrome (so-called "whiplash syndrome") or back pain, from any cause, without objective symptom

REPORTING PERIOD IN CASE OF CLAIM

Written notice to injury, loss or damage must be given to STERLING INSURANCE COMPANY, INC. within thirty (30) days after the date of the Accident causing such injury on which the claim is based. In the event of Accidental Death, immediate notice thereof must be given to STERLING INSURANCE COMPANY, INC. through email address: _____

IMPORTANT

Any Confirmation of Cover (COC) in effect when the Group Policy is Cancelled, Non-renewed or otherwise Terminated shall continue to be in effect for the period of coverage specified in the Confirmation of Cover.

It is the obligation of the Group Policy holder to inform the insured-members of the intended termination of the group policy by the insurer or by the policyholder.

This Confirmation of Cover (COC) contains only general description of coverages, All coverage are subject to the exclusions and conditions of the Master policy which is readily available in STERLING INSURANCE COMPANY, INC website. Please scan the QR code for more information.

CONTACT NUMBER FOR CLAIM PURPOSES:
+632 84594757

Date Issued: Month day, year

PERSONAL ACCIDENT

Name and Address of Insured
SURNAME, FIRSTNAME
B1 L1, TIERRA MONTE SUBD., SAN MATEO, RIZAL,

Policy No.: SICITB000000

Total Premium:	0000.00
DST:	0.00
Prem Tax:	000.00
Local Govt. Tax:	00.00
Misc:	0.00
Total Amount Due:	0000.00

TOTAL Sum Insured In USD 50,000

Duration: from MM/ DD/YYYY to MM/DD/YYY for __ days
Itinerary: Destination/s

CIVIL CODE ARTICLE 1250 WAIVER CLAUSE:

IT IS HEREBY DECLARED AND AGREED THAT the provision of Articles 1250 of the Civil Code of the Philippines (Republic Act No].[386) which reads:

> **"In case an extraordinary inflation or deflation of the currency stipulated should supervene the value of the currency at the time of the establishment of the obligation shall be the basis of payment."**

IMPORTANT NOTICE

All taxes should be paid immediately upon receipt of the policy. This is in accordance with BIR Revenue Regulation (RR) Number 9-2000 dated August 31, 2000, BIR Revenue Regulation (RR) Number 15-2001 dated October 16, 2001 and Insurance Commission's Circular Letter Number 7-2002 directed to insurance companies to remit taxes within the month of issuance.

No refund of documentary stamps on flat or pro rata cancellation will be entertained. Moreover, full payment of documentary stamps is required and deemed payable for policies issued but not taken up.