

## HOME CREDIT CLAIMS REQUIREMENTS

### STANDARD REQUIREMENTS

1. Confirmation of Cover
2. Original Sun Life Grepa Financial (SLGFI) Forms:
  - a. Life Claims: Claimant's Statement Form to be accomplished by the beneficiary who is 18 years old or above; if below 18, by the guardian
  - b. AMR/CGH: Duly accomplished Statement of Claim Form (Inpatient/Outpatient Benefit).
3. Photocopy of Birth Certificate of insured.  
Substitute Documents in the absence of Birth Certificate (photocopy):
  - a. Baptismal Certificate
  - b. Government Issued IDs
  - c. Marriage Contract
  - d. Voter's Registration Record
  - e. Birth Certificate of Children
  - f. Other public documents with date of birth of insured
4. Supporting documents depending on the beneficiary/eligible dependent/s:

Beneficiary/Dependent	Requirement/s
Legal Spouse	<ul style="list-style-type: none"> <li>• Original/Certified True Copy of Marriage Contract</li> </ul>
Children/Siblings of legal age	<ul style="list-style-type: none"> <li>• Photocopy of Birth Certificate</li> </ul>
Children/siblings below 18 years old: The father must represent the minor; in his absence or incapacity, to the mother	<ul style="list-style-type: none"> <li>• Photocopy of Birth Certificate of minor beneficiary</li> </ul>
Children/siblings below 18 (orphaned)	<ul style="list-style-type: none"> <li>• Original Affidavit of Guardianship with Undertaking (Format to be provided by Sun Life Grepa Financial Inc.)</li> </ul>

### LIFE CLAIMS

1. Photocopy of Home Credit Statement of Account
2. Original/Original Certified True Copy of Death Certificate with seal and issued by the Local Civil Registrar/PSA
3. Other documents (only if applicable)

Requirements	Particulars	Remarks
Original copy of Affidavit of Discrepancy	With Discrepancy in Name	Waived for cases with minor discrepancy only and identity of insured/beneficiary was established from the submitted supporting documents
Original copy of Affidavit of Extrajudicial Settlement	<ul style="list-style-type: none"> <li>• If no designated beneficiary and beneficiary based on</li> </ul>	For sum assured Php 50,000 and above, to require Affidavit of Publication from the

	<p>hierarchy are children and siblings</p> <ul style="list-style-type: none"> <li>• If the designated beneficiary is void under the law</li> </ul>	Publisher of the newspaper
Court Declaration of Presumptive Death	If insured/beneficiary is missing	
Original copy CENOMAR of insured and beneficiary	As proof that insured and beneficiary have no record of marriage	
Original copy Affidavit of Waiver (Format to be provided by Sun Life Grepa Financial Inc.)	If the beneficiary wishes to waive his/her benefit to another person	Must be supported by two valid IDs of the beneficiary
Original Death Certificate duly authenticated by Phil Consul	If died abroad	SLGFI will return the original copy to the claimant
Proof Relationship	If beneficiary is "other relative"	

### ACCIDENTAL DEATH/DISEMBLEMENT (MEMBER/DEPENDENT)

1. Certified True Copy Complete/Final police investigation report
2. Narrative Report on the circumstances of death (What, Where, When, Who, What)
3. Additional documents depending on the nature of death:

NATURE OF DEATH	REQUIREMENTS
Vehicular Accident	1. Certified True Copy of Traffic Incident Report with sketch, driver's license
If insured was the driver	2. Photocopy of Driver's License (if not mentioned in the police report)
Drowning	1. Certified True Copy of Autopsy report

3. Certified True Copy of Operative Record (for dismemberment claim)

### CREDIT GROUP HOSPITALIZATION (CGH)

1. Original and duly accomplished Statement of Claim Form (Inpatient/Outpatient Benefit).
  - Part I - To be completed by the Member (with signature at the bottom left of the form)
  - Part II - To be completed by the Attending Physician

Substitute Documents in the absence of Part II of Claim Form:

  - a. Photocopy of complete medical records (Admitting history/Clinical Abstract)
  - b. Photocopy of Hospital Statement of account (if date admitted/discharged not specified in item a)
2. Photocopy of Home Credit Payment schedule

3. Certified True Copy Police report (in case of accident)

**AMR (MEMBER/DEPENDENT)**

1. Original and duly accomplished Statement of Claim Form (Inpatient/Outpatient Benefit).
  - Part I - To be completed by the Member (with signature at the bottom left of the form)
  - Part II - To be completed by the Attending Physician
2. Original Official Receipts and Hospital Statement of Account (for AMR)
3. Certified True Copy Complete/Final police investigation report
4. Additional documents depending on the nature of death:

<b>NATURE OF DEATH</b>	<b>REQUIREMENTS</b>
Vehicular Accident If insured was the driver	4. Certified True Copy of Traffic Incident Report with sketch, driver's license 5. Photocopy of Driver's License (if not mentioned in the police report)
Drowning	2. Certified True Copy of Autopsy report

Reminders:

1. The Insurer reserves the right to ask for additional requirements or conduct an investigation if the above mentioned standard requirements are deemed insufficient in rendering fair and correct judgement.
2. Policyholders are (highly) recommended to retain a copy of claim documents as proof of transactions