**REPUBLIC OF THE PHILIPPINES**

Department of Finance

**INSURANCE COMMISSION**

1071 United Nations Avenue, Manila

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Complainant,

-versus- IC (CAD) CASE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Respondent.

x---------------------------------------------------------x

**STATEMENT OF CLAIM**

***(HABLA NG PAGSINGIL)***

1. The personal circumstances of the parties are as follows:

*(Ang bawat panig ay ang mga sumusunod*:)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF COMPLAINANT/S SEX AGE CIVIL STATUS

*(Pangalan ng Naghahabla) (Kasarian) (Edad) (Katayuang Sibil)*

(Put on a check on any of the following.)

*(Pumili sa mga sumusunod at lagyan ng tsek)*

* INDIVIDUAL *(Tao/ Indibidwal)*
* CORPORATION *(Korporasyon)*
* PARTNERSHIP *(Bakasan)*
* COOPERATIVE *(Kooperatiba)*
* SOLE PROPRIETORSHIP *(Solong Pagmamay-ari)*

COMPLAINANT’S HOME ADDRESS:

*(Pahatirang Sulat sa Bahay ng Naghahabla)*

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lungsod)* Zip Code

(Province, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lalawigan, kung meron)* Zip Code

PLACE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Lugar ng Pinagtatrabahuan)*

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telepono Blg.) (Selpon Blg.)*

NAME OF COMPLAINANT’S REPRESENTATIVE*: (Pangalan ng Kinatawan:)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable (must be a non-lawyer)

*(kung meron) [dapat hindi abogado]*

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lungsod)* Zip Code

(Province, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lalawigan, kung meron)* Zip Code

PLACE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Lugar ng Pinagtatrabahuan)*

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telepono Blg.) (Selpon Blg.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF RESPONDENT/S SEX AGE CIVIL STATUS

*(Pangalan ng Hinahabla) (Kasarian) (Edad) (Katayuang Sibil)*

(Put on a check on any of the following.)

*(Pumili sa mga sumusunod at lagyan ng tsek)*

* INDIVIDUAL *(Tao/ Indibidwal)*
* CORPORATION *(Korporasyon)*
* PARTNERSHIP *(Bakasan)*
* COOPERATIVE *(Kooperatiba)*
* SOLE PROPRIETORSHIP *(Solong Pagmamay-ari)*

RESPONDENT’S HOME ADDRESS:

*(Pahatirang Sulat sa Bahay ng Hinahabla)*

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lungsod)* Zip Code

(Province, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lalawigan, kung meron)* Zip Code

PLACE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Lugar ng Pinagtatrabahuan)*

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telepono Blg.) (Selpon Blg.)*

NAME OF RESPONDENT’S REPRESENTATIVE*: (Pangalan ng Kinatawan:)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable (must be a non-lawyer)

*(kung meron) [dapat hindi abogado]*

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lungsod)* Zip Code

(Province, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lalawigan, kung meron)* Zip Code

PLACE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Lugar ng Pinagtatrabahuan)*

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telepono Blg.) (Selpon Blg.)*

**If more than one (1) respondent, list next respondent here:**

***(Kung higit sa isa (1) ang Hinahabla, ilagay ang susunod na hinahabla rito:)***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF RESPONDENT/S SEX AGE CIVIL STATUS

*(Pangalan ng Naghahabla) (Kasarian) (Edad) (Katayuang Sibil)*

(Put on a check on any of the following.)

*(Pumili sa mga sumusunod at lagyan ng tsek)*

* INDIVIDUAL *(Tao/ Indibidwal)*
* CORPORATION *(Korporasyon)*
* PARTNERSHIP *(Bakasan)*
* COOPERATIVE *(Kooperatiba)*
* SOLE PROPRIETORSHIP *(Solong Pagmamay-ari)*

RESPONDENT’S HOME ADDRESS:

*(Pahatirang Sulat sa Bahay ng Hinahabla)*

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lungsod)* Zip Code

(Province, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lalawigan, kung meron)* Zip Code

PLACE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Lugar ng Pinagtatrabahuan)*

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telepono Blg.) (Selpon Blg.)*

NAME OF RESPONDENT’S REPRESENTATIVE*: (Pangalan ng Kinatawan:)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If applicable (must be a non-lawyer)

*(kung meron) [dapat hindi abogado]*

(City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lungsod)* Zip Code

(Province, if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

*(Lalawigan, kung meron)* Zip Code

PLACE OF WORK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Lugar ng Pinagtatrabahuan)*

Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Telepono Blg.) (Selpon Blg.)*

**\*Note: If you need more space, you can write at the back of this Form.**

***(\*Tala: Kung kailangan mo ng karagdagang patlang, maaari mong isulat sa likod ng Form na ito.)***

1. Complainant claims the respondent denied his claim in the amount of

*(Ang hinahabla ay hindi nagbayad ng claim sa Naghahabla ng halagang)*

₱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Why does the complainant have a claim against respondent?

*(Bakit ang naghahabla ay may claim laban sa hinahabla?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(If you need more space, please use the back page.)

*(Kung kailangan mo ng karagdagang patlang, maaring gamitin ang likod ng pahinang ito.)*

1. When did this happen? *(Kailan ito nangyari?)*

Date (*Petsa*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If no specific date, give the time period:

*(Kung walang tiyak na petsa, ibigay ang tantiyang panahon)*

Date started (*Petsa nagsimula*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Through (*Hanggang*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you compute the claim? (Do not include court that costs or fees)

*(Paano mo kinuwenta ang claim?) [Hindi kasama ang bayad sa pagpapatala sa hukuman]*

1. (a) Did you ask the respondent to pay you before you filed this case?

*(Siningil mo ba ang hinhabla bago ka nagsampa ng kasong ito?)*

* Yes (Oo)
* No (Hindi)

If no, explain (*Kung hindi, ipaliwanag*):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) How did you ask the respondent *(Paano mo siningil ang hinahabla*)?

* In person *(Sa kanya mismo)*
* In writing *(Sa sulat)*
* By phone *(Sa telepono)*
* Others (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Iba pa) [Pakisulat kung paano]*

(c) When did you do this (*Kailan mo ginawa ito*)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your proof that you have a policy with the respondent?

*(Ano ang iyong katibayan o pruweba na meron kang policy na inisyu ng hinahabla?)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did you attach your proof to this form?

*(Iyo bang inilakip ang katibayan o pruweba sa Form na ito?)*

* Yes (Oo)
* No (Hindi)

1. By the filing of this action, complainant hereby waives any amount in excess of ₱1,000,000.00. excluding interest and costs.

*(Sa pagsampa ng kasong ito, ang naghahabla ay isinusuko ang anumang halaga na higit sa ₱1,000,000.00. hindi kasama ang tubo at gastos sa pagsampa ng kasong ito.)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**PRAYER**

**(*PAGSAMO*)**

WHEREFORE, complainant respectfully prays for judgment ordering respondent to pay the amount of ₱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, with interest at the rate of \_\_\_\_\_\_\_\_\_ % per annum per month from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ until fully paid.

*(DAHIL DITO, ang naghahabla ay magalang na sumasamo na igawad ang kapasiyang utusan ang hinahabla na magbayad sa naghahabla ng halagang ₱\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, pati ang tubo na \_\_\_\_\_\_\_\_\_ % bawat taon/ buwan simula \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hanggang ganap o lubos na mabayaran ito.)*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

COMPLAINANT

*(NAGHAHABLA)*

**VERIFICATION AND CERTIFICATION AGAINST NON-FORUM SHOPPING**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of legal age, \_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(name) (citizenship)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and a resident of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(civil status) (residence)

on oath, state:

1. That I am the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the above-entitled case have caused this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be prepared; that I read and understood its contents which are true and correct of my own personal knowledge and/or based on true records;
2. That I have not commenced any action or proceeding involving the same issue or subject matter in the Supreme Court, the Court of Appeals or any other tribunal or agency; that to the best of my knowledge, no such action or proceeding is pending in the Supreme Court, the Court of Appeals or any other tribunal or agency, and that, if I should learn thereafter that a similar action or proceeding has been filed or is pending before these courts or tribunal or agency, I undertake to report that fact to the Court within five (5) days therefrom.

IN WITNESS WHEREOF, I have hereunto set my hand this day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Affiant

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTARY PUBLIC