Republic of the Philippines
Department of Finance
INSURANCE COMMISSION
1071 United Nations Avenue
Manila

ASSISTANCE FORM

My complaint is against (one or more): ☐Insurance company ☐Pre-need company ☐HMO ☐ Agent or broker ☐Others ____________________

Please completely fill out this form and attach the documents listed below, as well as other documents and correspondence that will help us investigate your complaint. You may mail or personally deliver the filled-out form and its attachments to the Insurance Commission's Main Office and District Offices, or email it to publicassistance@insurance.gov.ph. Please note that a copy of this form and its attachments may be forwarded to the company / party you are complaining against.

REQUIRED ATTACHMENTS

For complaints against non-life insurance companies:
(1) Copy of the policy;
(2) Copy of the denial letter, if any; and
(3) Copy of supporting documents, if any.

For complaints against HMOs:
(1) Copy of the contract

For complaints against life insurance companies:
(1) Copy of the policy;
(2) Copy of the denial letter, if any; and
(3) Copy of the supporting documents, if any.

For complaints against pre-need companies:
(1) Copy of the contract; and
(2) Copy of the Certificate of Full Payment

PLEASE PRINT, TYPE OR WRITE LEGIBLY IN BLACK OR BLUE INK

1 COMPLAINANT'S INFORMATION

☐ Mr. ☐Ms. ☐Mx. ____________________ ____________________ ______
LAST NAME FIRST NAME MI

ADDRESS ____________________
____

PHONE NO. ____________________ MOBILE NO. ____________________

EMAIL ____________________

2 POLICY / CONTRACT INFORMATION

NAME OF POLICYHOLDER / PLANHOLDER / MEMBER ____________________
ISSUING COMPANY ____________________
POLICY / PLAN / CERTIFICATE NO. ____________________ DATE ISSUED ____________________
NAME OF POLICY / PLAN / PRODUCT ____________________
NAME OF AGENT / BROKER / INTERMEDIARY (if applicable) ____________________

3 TYPE OF PRODUCT

☐ Fire insurance ☐Marine insurance ☐Motor car insurance
☐ Health insurance ☐Personal accident insurance ☐Engineering insurance
☐ Life insurance ☐Microinsurance ☐HMO
☐ Pre-need ☐Others ____________________

4 REASON FOR COMPLAINT (Choose all that apply)

☐ Denial of claim ☐Issues with claims payment ☐Issues with premium / fee
☐ Issues with renewal / cancellation ☐Others ____________________

5 DETAILS OF COMPLAINT (Attach additional sheet/s if needed)

6 MEDIATION CONFERENCE

a. For claims/concerns involving insurance and pre-need companies, do you want avail the mediation conference being implemented or handled by the Insurance Commission's Public Assistance and Mediation Division and its District Offices through digital platforms?:

☐ Yes
☐ No

b. For claims/concerns involving Health Maintenance Organizations, do you want the Insurance Commission's Public Assistance and Mediation Division and its District Offices to directly handle and facilitate the mediation conference through digital platforms?*:
☐ Yes
☐ No

**By marking yes, the signatory of this form understood and voluntarily manifests that he/she is no longer willing to go through the mediation processes being implemented by the Association of Health Maintenance Organizations of Philippines, Inc. (AHMOPI) and Philippine Association of Health Maintenance Organization Companies*

7 SIGNATURE

I declare that the information I have provided is true and accurate. I hereby authorize the entities / persons complained against to release all relevant claim and policy information, as well as documents, to the Insurance Commission upon request.

Signature over printed name of complainant ________________________________ Date ____________________