ATENEO DE MANILA GRADE SCHOOL
COVERAGE SUMMARY
Student Personal Accident Insurance

INSURED/ POLICY HOLDER : ATENEO DE MANILA GRADE SCHOOL
PERIOD OF INSURANCE : 03 June 2013 - 2014
INSURED PERSONS : Various declared ATENEO DE MANILA GRADE SCHOOL students plus declared Faculty and Staff

<table>
<thead>
<tr>
<th>BENEFITS LIMITS ( PHP )</th>
<th>LIMITS ( PHP )</th>
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</thead>
<tbody>
<tr>
<td>Death or Permanent Disablement, Principal Sum</td>
<td>250,000 per person</td>
</tr>
<tr>
<td>Medical Reimbursement</td>
<td>50,000 per person</td>
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<tr>
<td>Murder or Assault</td>
<td>250,000 per person</td>
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<tr>
<td>Burial Expense</td>
<td>50,000 per person</td>
</tr>
<tr>
<td>Aggregate Limit</td>
<td>20,000,000 Any One Accident</td>
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</table>
SCOPE OF COVERAGE: 24-hour, 365-days-a-year coverage in the course of business or pleasure. It includes flying as a passenger in a commercial airline on any regularly scheduled, non-scheduled special or chartered flight.

DESCRIPTION OF PERSONS INSURED: Bonafide ATENEO DE MANILA GRADE SCHOOL students plus Faculty and Staff of the policy holder who are not 6 months past the 65th birthday at the attachment of cover, provided that only those named under the policy are insured. Coverage for Faculty and Staff is renewable up to the age of 70.

PERSONS INSURED AMOUNTS OF INSURANCE: The insurance under this policy applies only to the groups of insured persons described and only with respect to those coverages for which an amount is specified applies to each injured person subject to all terms of the policy having reference thereto.

SPECIAL CONDITIONS:
1. Death (and corresponding Burial Expense) Permanent Disablement if this occurs within 180 days from the date of the accident;
2. Medical expenses will only be reimbursed if these are incurred within 52 weeks from the date of the accident.

GENERAL EXCLUSIONS:
1. Intentionally self-inflicted injuries, self-destruction or any attempt threat;
2. Illness disease or any bacterial infection other than bacterial infection occurring in consequence of an accident cut or wound;
3. Accident occurring while serving in full-time duty in the Armed Forces of any country or international authority;
4. War and hostilities as more specifically described in the policy;
5. Travel or flight in any vehicle or device for (1) aerial navigation or (2) navigation beyond the earth’s atmosphere;
SPECIFIC EXCLUSIONS APPLICABLE TO MURDER & ASSAULT BENEFIT:
1. Provoked murder and assault;
2. Occasioned by war and hostilities;
3. While engaging in political activities, or b) performing investigative, security or political function, or c) holding any elective governmental position
4. Occurred in the following geographical areas, including their cities, towns, barrios and barangays:
   a. Lanao del Norte b) South Cotabato c) Maguindanao d) Lanao del Sur e) Zamboanga del Norte
   b. Sultan Kudarat g) North Cotabato h) Zamboanga del Sur i) Sulu Archipelago

All other terms and conditions to follow Pioneer’s standard Personal Accident policy wording

GUIDELINES FOR PARENTS / GUARDIANS IN THE FILING OF CLAIMS:
Claim Forms are available at the Office of the Asst. Headmaster for Student Affairs, Administration 1 Building. Kindly fill-out the Claim Form and submit to the Office of the Asst. Headmaster for Student Affairs together with the applicable claim documents listed below:
In filing for Medical Reimbursement, please submit the following:
1. Police Report for Vehicular Accident/ Incident Report (Indicate the time and date of the accident, nature of the injury, how the accident occurred, activity engaged in at the time of the accident)
2. ORIGINAL STATEMENTS OF ACCOUNT from the hospital / clinic (whether IN-PATIENT or OUT-PATIENT)
3. ORIGINAL OFFICIAL RECEIPTS (must state clearly the nature of expense) for diagnostic and/or all manner of laboratory exams conducted together with REQUEST/ CHARGE SLIPS FOR SUCH TESTS/ EXAMS
4. ORIGINAL OFFICIAL RECEIPTS for all POST CONFINEMENT medicines TOGETHER WITH Doctor’s Prescription

Note: In cases where student may have OTHER INSURANCE/ HMO coverage as a dependent or where the patient is employed by a medical facility, please submit ORIGINAL STATEMENT OF ITEMIZED EXPENSES/CERTIFICATIONS for procedures/ professional fees NOT COVERED BY THE SAID INSURANCE/ HM
APPROVED and REIMBURSIBLE EXPENSES not covered by the HMO/Other Insurance up to the limits stated in the policy under the heading BENEFITS: Medical Reimbursement on Page 1.

In filing for Dismemberment / Disablement please submit the following documents in addition to the Medical Reimbursement claim requirements:
   1. Certified True Copy of Hospital Operating Room Record.
   2. Photograph of injured body member or Medical Certificate with diagram showing the location of the injured body member.

In filing of Death Claims please submit the following documents in addition to the Medical Reimbursement Claim requirements:
   2. Affidavit of witness, photograph, newspaper clipping, proof of relationship to Beneficiary.
   3. School Identification Card (ID)
   4. Original Statement of Account and Official Receipts from funeral homes which conducted the funeral / burial services.

For questions and/or clarification call Gonzalo “GG” Gonzalez at Tel Nos: 721 4285 (Res) or you may contact his mobile number at 0917 815 1957 or at 754-3923 or 754-3953 (Ofc.) and look for for Ms. Rose Javier.